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Young pregnant teens' perceptions of themselves and their relationships with their families and male partners.

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YOUNG PREGNANT TEENS' PERCEPTIONS OF THEMSELVES AND THEIR RELATIONSHIPS WITH THEIR FAMILIES AND MALE PARTNERS

A Dissertation Presented

by

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ABSTRACT

YOUNG PREGNANT TEENS' PERCEPTIONS OF THEMSELVES AND THEIR RELATIONSHIPS WITH THEIR FAMILIES AND MALE PARTNERS

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Pregnancies in teens ages 15 and younger are increasing, despite a variety of prevention efforts. Children's Defense Fund stated that qualitative research is needed to gather information from the teens' perspectives to fill gaps in the literature and increase understanding of the phenomenon.

This research addressed the following questions:

1. What are the perceptions of young pregnant teens about themselves and their relationships with their families and male partners?
2. What commonalities and differences exist among young pregnant teens' descriptions of themselves and their relationships with their families and male partners?
3. Which of the perceptions of young pregnant teens correspond to, and which differ from findings in selected literature about teen pregnancy?

Jessor's Problem Behavior Theory was used as a framework. This theory indicated many variables which may result in proneness to

engaging in problem behavior, including teen pregnancy. From among variables designated by Jessor's framework, those of self, family, and male partner emerged as probably relevant to teen pregnancy and as foci for data collection.

Fourteen questions were delineated and used as a guide to data collection. A convenience sample of ten pregnant teens ages 14 and 15 was recruited from urban and rural schools and clinics. One interview was conducted with each subject.

Data were analyzed with the assistance of an interdisciplinary team of reviewers, and responses to the interview questions were determined.

Findings included the facts that many in the sample were good students who valued education, were involved in athletics, and had educational plans which included high school and college. They had a strong preference for the alternative school setting.

The maternal grandmother apparently played a key role in the family; many of the teens' relationships with their male partners were tense before the pregnancies occurred; several of the male partners had problems with alcohol, violence, and the law; and there was a variety of family support available for the teens.

All of the subjects had information about sex and birth control. The prevalence of the dysfunctional family typified in the literature was also a theme for this sample.

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CHAPTER I

THE PROBLEM

Introduction

The purpose of this research was to expand the data base about the phenomenon of teen pregnancy. Teen pregnancy extends beyond the teen herself; it is generated by a sexual relationship with a male partner with inadequate provisions for fertility management, and involves the families of both partners.

Background of the Problem

Teen pregnancy is a social problem which seems resistant to prevention efforts. Despite wide publicity about the many detrimental effects of teen pregnancy to the young mother and her infant, and despite the efforts of a wide variety of prevention programs designed to lessen the prevalence of teen pregnancy, there continues to be an estimated one million teen pregnancies each year, resulting in the births of approximately 500,000 infants to teen mothers in the United States (Commonwealth of Massachusetts, 1987).

Teen pregnancy is not a new problem. While there has been some good news in the form of a declining birth rate among teen women aged 15-19 in recent years, there is a growing proportion of younger teens who are giving birth (Commonwealth of Massachusetts, 1987). Of the 1,039,610 teen pregnancies which occurred among teen women aged 15-19 in 1983, 499,038 resulted in live births; there were approximately 427,680 abortions and 142,580 miscarriages.

Teens aged 14 or younger had 29,690 pregnancies, 9,965 live births and 16,350 abortions that year (Center for Population Options, 1987). While the raw numbers of teen pregnancies among younger teen women are relatively low, the consequences of pregnancy for very young teens are more serious than for the older teens. Therefore, the occurrence of pregnancy among very young teens has become a focus of great concern among professionals in health and human services (Commonwealth of Massachusetts, 1987).

Young teens are exposed to serious hazards as a result of becoming pregnant. They experience over twice the risk of complications at delivery, and much higher rates of toxemia, anemia, and complications related to infant mortality; they and their infants are at much greater risk for physical, mental, and developmental disabilities. Ninety-six percent of these young mothers choose to raise their infants themselves. Abbreviation of educational opportunities and subsequent poverty, welfare dependency, and single parenthood also accompany too-early childbearing (Commonwealth of Massachusetts, 1987).

The problem of teen pregnancy has been addressed by efforts aimed at prevention from national to local levels. Sex education programs are common in the public schools. They range in comprehensiveness from being one of the topics covered in health education classes to the incorporating a school-based clinic within the public school, where teens can avail themselves of any kind of health care, including reproductive education and fertility management. Despite this availability, and the support of an estimated 80% of Americans who believe sex education should be taught in public schools (Guttmacher Institute, 1981), a large number of sexually

active teens either do not receive or do not effectively use the information presented to them about the prevention of pregnancy, as evidenced by the statistics on teen births.

While the effects of teen pregnancy have been widely known for some time, the United States continues to have the highest teenage pregnancy rate in the industrialized world. Common knowledge about the negative effects of teen pregnancy and the availability of information about sexuality, reproduction, and contraception have had minor effect on the problem. This effect is primarily manifested by a slowed rate of teen pregnancy in older teens which is thought to be due to more effective use of birth control options (Chilman, 1980).

Present efforts seem to attack only part of the problem, the portion related to lack of information and lack of access to fertility management services. That so many pregnancies continue to occur indicates that there may be other aspects of the problem of teen pregnancy that have yet to be identified and addressed. In fact, Children's Defense Fund has stated that one major barrier to preventing teen pregnancy "is our failure to define carefully the complex and varying factors contributing to teen pregnancy among different groups" (1987). The National Research Council has indicated that while we have some working knowledge of patterns of sexual activity among older teens, "we know much less about the sexual and fertility management behavior of those under 15 or about adolescent males of all ages" (Hayes, ed., 1987). Among the Council's priorities for research, the following stand out:

1. More detailed data are needed on the relations among biological, social, emotional, cultural, and economic factors influencing sexual

decision making. Ethnographic studies are needed to develop detailed profiles of the characteristics, attitudes, and behavior of individuals and families living in different circumstances and environments.

2. Very young teenagers represent an understudied group, probably due to the constraints of collecting data from a very young population.

3. There is a general lack of data about adolescent males and their approaches to sexuality and fertility.

4. Information about the role of families in adolescent sexual decision making is limited.

Research Focus

Clearly, teen pregnancy is not a phenomenon which occurs in isolation. Indisputably, teen pregnancy is the consequence of sexual activity involving a young woman and her male partner, occurring with inadequate fertility management, and occurring within their larger social context. The frequency of this phenomenon is witnessed by the statistics. Partially adequate efforts at attenuating it are attested to by the drop in pregnancies among older teens. The request of the National Research Council for complementing present knowledge about teen pregnancy with information about new and very specific foci further testifies to the fact that an integral part of the problem of teen pregnancy may be a knowledge base insufficient to the task of prevention.

More information of a qualitative nature is needed about the circumstances surrounding the phenomenon of sexual activity between a young woman and her male partner within their larger social context, which may include family, school, and community. This study will use an

interview approach to elicit from young pregnant teens their perceptions of themselves, and their relationships with their families and male partners.

Research Questions

This research addressed the following questions:

1. What are the perceptions of young pregnant teens about themselves and their relationships with their families and male partners?
2. What commonalities and differences exist among young pregnant teens' descriptions of themselves and their relationships with their families and male partners?
3. Which of the perceptions of young pregnant teens correspond to, and which differ from findings in selected literature about teen pregnancy?

Definition of Key Terms

1. "Young pregnant teen" for the purposes of this study refers to a pregnant female from the age of 13 through the 15th year. The subject may be at any stage of her pregnancy at the time of the interview.
2. "Perception" refers to the young pregnant teens' descriptions of phenomena, and the associated interpretations and meanings which they tell the interviewer during the interviews.
3. "Families" may refer to family of origin, to foster families, and/or to the people with whom the subjects live.
4. "Male partners" refers to the male with whom the pregnancy was generated, or to whom the subject attributes the pregnancy, and/or to her present "boyfriend."

Significance of the Research

The continued prevalence of teen pregnancy and its increasing rates among younger teens despite varied efforts to prevent it have stimulated a call for qualitative studies of pregnant teens in order to uncover factors pertinent to these teens and their environments which may serve as forces or stimuli in the generation of behaviors leading to these pregnancies (Jessor, 1984; Children's Defense Fund, 1987; Hayes, 1987). Such research is lacking due to the difficulties of accessing the young teen population for research purposes (Furstenberg, in Ooms, 1981); the seemingly innocuous appearance of the relatively low raw numbers of live births to young teens; and the relatively recent surge in the birth rate among young teens.

According to Jessor (1977), proneness of an adolescent to engaging in problem behavior, or health-compromising behavior, may be related to the relative strengths of various intrapersonal, interpersonal, and environmental factors affecting the adolescent.

The interviews of young pregnant teens in the course of this research provided data about young pregnant teens' perceptions of themselves and their relationships with their families and male partners, variables which may be key influences in behavioral orientations. This data increases the information about the occurrence of sexual activity with inadequate fertility management among young pregnant teens by eliciting information from the young pregnant teens themselves during their pregnancies about these phenomena.

Information was identified which affirmed, complemented, and/or departed from what was available in the literature about teen pregnancy; this information may strengthen efforts to understand and prevent such pregnancies.

Limitations of the Research

This research was limited by the following factors:

1. The sample of 10 young pregnant teens was small, and thus, the findings were based upon the perceptions of only these 10 teens. Because the sample was small, the perceptions gathered during this research may or may not be representative of the population of young pregnant teens.
2. Various stages of pregnancy are accompanied by specific psychological changes, including differences in assertiveness and introspection (Rubin, 1970). However, no attempt was made to control the sample for stage of pregnancy. Information offered by the subjects may be colored by any of the psychological changes of pregnancy.
3. Data were gathered by interview technique; its validity depends upon the veracity and self-awareness of the participants, and their willingness to share information of a personal nature with the researcher. Perceptions shared by the participants might vary from one day to another, and might be colored by the context of the subjects' immediate concerns. The use of a tape recorder to capture data might also have influenced their levels of openness.
4. The relatively low levels of cognitive development typical of early adolescence most likely pertain to this sample, and may preclude them from formulating perceptions which incorporate abstract information along with

concrete descriptions. While this research avoids the "failure to consider the probable confounding effects" of mixing participants of varying developmental levels within the span of adolescence (Chilman, 1980), the richness of the findings might be limited by the expressive handicaps which accompany a relative inability to engage in formal operational thought processes.

5. No attempt was made to control characteristics of the sample other than the characteristics of age, current pregnancy, and English-speaking ability.

6. The interview design, process, and results were inevitably affected by the education, experience, bias, and interviewing skills of the researcher. Attempts to control the intrusion of bias into the research included peer and doctoral committee review of the research design and interview foci, and the incorporation of an interdisciplinary team of reviewers in the process of data analysis.

Summary

This research represents a qualitative inquiry into factors which might influence a young teen woman to engage in sexual activity with a male partner without adequate fertility management. The need for this research and approach to the problem is suggested by the literature, and is supported theoretically by Jessor's Problem Behavior Theory.

This research incorporates a selected review of the literature pertaining to the female adolescent person, family factors influencing adolescent development and heterosexual behavior, and information about adolescent heterosexual relationships, including what little is known

about men who father infants with young teen women. The literature also reviews Jessor's Problem Behavior Theory which suggested the selection of interview foci.

Methodological considerations include identification of a sample and sampling procedures; development of an interview schedule; interviewing procedures; and data analysis. A report of findings is followed by discussion and recommendations.

CHAPTER II

REVIEW OF SELECTED LITERATURE

Introduction

Initial focus is upon Richard Jessor's model for explaining relative levels of proneness of an adolescent to engage in problem behavior. This is followed by a review of selected literature related to the foci of this research, the young teen woman as a developing person with emerging sexuality; the family of the developing adolescent; heterosexual adolescent relationships and motivations for childbearing; and young fathers.

Problem Behavior Theory

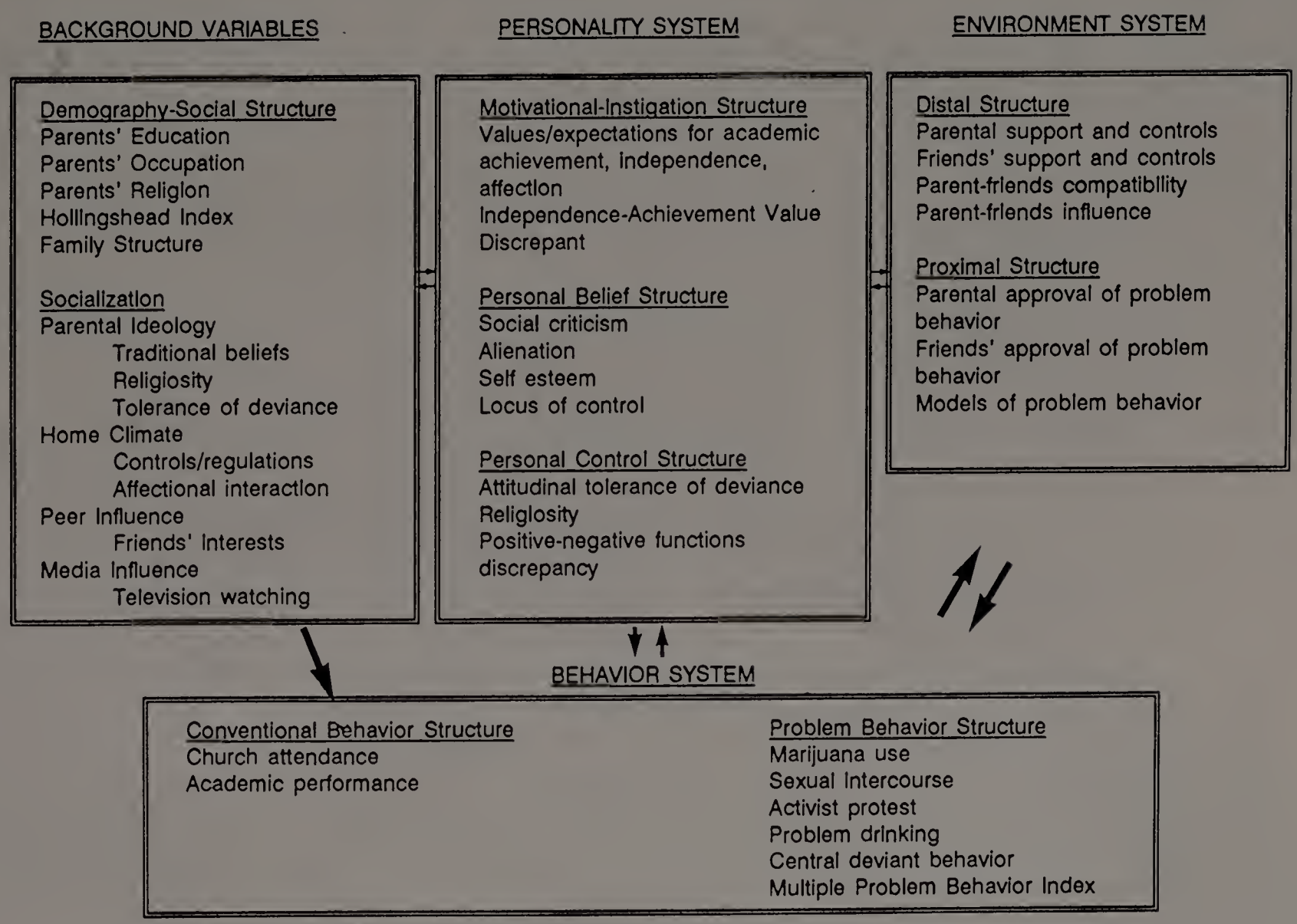
Problem Behavior Theory, while not specific to the area of teen pregnancy, has been adopted by the field of adolescent health as a model which at least partially explains the occurrence of such health-compromising behaviors as substance use and abuse and various kinds of risk-taking, including adolescent sexual activity (Jessor, R. and Jessor, S.L. 1977; Jessor, R., 1984; Chilman, 1980).

This theory, based in social psychology, was formulated twenty-five years ago. The concepts and measures developed in Problem Behavior Theory have now been used in a large number of studies by other researchers (Chilman, 1980). The theory was originally designed to account for adolescent problem behaviors, behaviors which transgress social and/or legal norms and that tend to elicit some sort of social control response, in short, behaviors which tend to pose some sort of

problem for the individual or for society (Jessor, 1984). This definition includes behaviors which are "age-graded" by society; for example, use of alcohol, sexual activity, and moving out of the parental home. While these behaviors are accepted and even desirable at some point, they are socially proscribed until the legally or socially sanctioned age for their occurrence is reached (Jessor, 1984).

Problem Behavior Theory evolved from the intersection of the fields of social psychology, developmental psychology, and the psychology of personality (Jessor, 1977). This theory details the relationships that exist within and among each of three major systems: the personality system, the perceived environment system, and the behavior system (Figure 1, p. 12). The dynamic nature of the interactions among the system's variables generates a theoretical resultant termed "proneness," to indicate the relative likelihood of the occurrence of problem behavior as the result of any given interaction among the fluctuating forces of the systems (Jessor, 1984).

Each of the systems delineated by Jessor--the personality system, the perceived environment system, and the behavior system--is composed of several variables or concepts. These three systems are placed within a context of antecedent- background variables concerned with demographical and socialization influences. The concepts that constitute the personality system are cognitive in nature--values, expectations, beliefs, attitudes, orientations towards self and others--and reflect social meaning and social experience rather than deep-seated drives, physiological structures, or genetic predispositions.



Jessor, 1977, p.38

Figure 1. The Conceptual Structure of Problem Behavior Theory

Variables related to the perceived environment system are concepts that are capable of being perceived, or cognized, and that coordinate logically with the personality concepts: supportive factors, influences, controls, models, and the expectations of others.

The formulation of the behavior system from a social psychological perspective requires an emphasis on socially learned purpose, function, significance, and meaning, and on inner experience as well as outward action.

> The occurrence of behavior is considered the outcome of an interaction of personality and environmental influence; in this respect, the formulations represent a social-psychological field theory, a type of theory that assigns priority to neither person nor situation but insists on the causal logic of their interaction" (Jessor and Jessor, 1977, p.18).

As such, the concepts composing the three systems can be seen as forces, the dynamic interactions of which may result, at any given time, in a relative level of proneness of an individual to behave in a direction which may be problematic to oneself or to society.

It is theoretically possible to conceive of personality proneness, environmental proneness, and behavioral proneness, and of their combination as "psychosocial proneness" toward engaging in problem behavior. "The sovereign concept of psychosocial proneness is the key theoretical basis for predicting and explaining variations in youthful behavior" (Jessor, 1984, p. 80).

Within the personality system Jessor identified three structures: the motivational instigation structure, the personal belief structure, and the personal control structure. Within these structures, the main characteristics which lead to theoretical proneness to problem behavior

include: lower value on academic achievement, higher value on independence, greater value on independence relative to value on achievement, lower expectations for academic achievement, greater social criticism and alienation, lower self-esteem, orientation to an external locus of control, greater attitudinal tolerance of deviance, lesser religiosity, and more importance attached to potential positive functions of problem behavior relative to potential negative functions (Jessor, 1984).

Within the perceived environment system, Jessor identified two structures, the proximal and the distal structures. He differentiated them by noting that variables within the proximal structure can be directly implicated in the causal chain of events leading to problem behavior. In the proximal structure, high risk emanates from low parental disapproval of problem behavior and the environmental prevalence of models for, and approval of, engagement in problem behavior.

Variables in the distal structure of the perceived environment system indicative of a high level of proneness to engaging in problem behavior include: low parental support and controls, low peer controls, low compatibility between parent and peer expectations, and low parent influence relative to peer influence (Jessor, 1984).

The variables in the behavior system are essentially outcomes of the interactions among the variables in the personality and perceived environment systems. Jessor divides them into two categories: problem behavior structure and conventional behavior structure. He describes them as follows:

> The conventional behavior structure is concerned with behavior that is socially approved, normatively expected, and codified and institutionalized as appropriate for adolescents for example, involvement with school work and with religious activities. Problem behavior proneness in the behavior system directly reflects the degree of involvement in both the problem behavior and the conventional behavior structures and also reflects the balance that obtains between those involvements (Jessor, 1984, p.82).

Jessor, (1984, p. 83) stated that "the onset of adolescent risk behaviors is neither arbitrary nor fortuitous but is, rather, a systematic outcome of characteristics of the adolescent and of the adolescent's perceived environment that precede onset." He also notes that "risk behaviors - like all learned behavior - are purposive, goal-directed, and capable of fulfilling multiple goals that are central to adolescent life," and that the goals and meanings attached to these behaviors may not be intrinsic to them, but depend on larger sociocultural definitions and on the unique perceptive and interpretive processes of the adolescent (1982, p.78).

Adolescent problem behavior may have many possible meanings, functions, or goals. Such behavior may represent:

1. An alternate way to attain a goal when the conventional way is blocked for some reason;
2. A form of rebellion or expression of opposition to conventional values and norms held by conventional society;
3. A coping mechanism for dealing with anxiety, frustration, inadequacy, or actual, perceived, or anticipated failure;
4. A way of gaining admission to a peer group in a quest for belonging;
5. A confirmation of certain attributes of personal identity valued by the adolescent;

6. A symbol of having made a developmental transition, in the sense that adopting a behavior common to a more mature age group may create a sense of maturity in a younger person as a result of simply having engaged in it.

In applying Problem Behavior Theory to a longitudinal study of the transition from virginity to non-virginity, (Jessor and Jessor, 1975), it was reported that a psychosocial pattern pertained prior to the initiation of intercourse, and that this pattern was predictive of its later occurrence.

Specifically, virgins who were to engage in relatively earlier sexual intercourse were already higher, at the junior high age, in value on and expectation for independence, lower in value on and expectation for academic achievement, more socially critical in their beliefs about society, more tolerant of deviance, and lower in religiosity. They also felt less compatibility between expectations their parents held for them versus those held for them by their friends, less influence of their parents relative to that of their friends, and had more social approval for and models of problem behavior, including sexual behavior. They were also more involved in other kinds of problem behaviors and less involved in conventional behavior.

Chilman's critique of the above study noted that it was marked by "sophisticated theory, research design, and methods of statistical analysis," and that it provides a "stimulating model for further social-psychological research in this field [teen pregnancy]" (1980, p. 795).

In evaluating the application of Problem Behavior Theory to the problem of teen pregnancy, Beatrix Hamburg suggested the addition of the

variable "immaturity" to the personality system of Jessor's model. She noted that there seem to be three subsets of adolescent mothers, characterized respectively by: (1) immaturity and problem proneness; (2) alternate life course with competent coping; and (3) depressive disorder.

In relation to the subset of immaturity and problem proneness, she noted the vast developmental differences occurring across adolescence, and that the relative immaturity of the younger adolescents places them at "double jeopardy" when their personality and perceived environment systems interact in such a way as to place them at relatively high risk for problem proneness.

Stating that "Jessor's problem prone behavior theory has lacked a developmental maturity component," and noting the rising prevalence of problem behaviors among the youngest adolescents, Hamburg believes that the relationship of problem prone behaviors to processes of adolescent development should be specified in the model (in Lancaster and Hamburg, Eds., 1986, p. 120). Hamburg also noted that although it has generally been assumed that early adolescents have moved cognitively to logical operations and abstract thinking, there is evidence to indicate that these assumptions may not be true.

Relative to Hamburg's third subset of adolescent mothers, those whose pregnancies may be linked with depressive disorder, Jessor made explicit that he discounts the variables of psychopathology and perversity in his model, in favor of the assumption that a given problem behavior has a particular meaning to its perpetrator, and that the meaning inherent in the behavior underlies its occurrence, despite its

outward appearance of irrationality. Thus, while there may be some dispute about the role of depression in the occurrence of adolescent pregnancy, Jessor has opted not to specify it in his model.

In a broad sense, then, an application of Jessor's model to the phenomenon of sexual activity between a young teen woman and a male partner would see proneness to engaging in sexual activity as an outcome of the interactions of both persons' personality systems with their perceived environments. Since the focus of this research is upon the young teen woman, application of Jessor's model would suggest examination of the young woman's personality system, her perceived environment system, and the possible interactions between the two systems which resulted in her proneness to engaging in sexual activity without adequate fertility management.

While notions of behavior as the product of person/environment interactions are not new, Jessor's model has identified a rich and complex set of probable interrelating variables which help determine the direction of behavior. For the purposes of this research, Jessor's model has been used as a guide in selecting variables to be studied.

Relative to a young woman's personality system, the theory suggests that the way a young woman perceives herself and phenomena in her world may well be related to her engaging in sexual activity leading to pregnancy. Within a young woman's perceived environment system, her parents and family, as well as her male partner, emerge as foci for study because of their apparent proximal relationship to young woman. Isolation of these foci from among Jessor's complex network of factors is intended only for the purpose of selecting areas for inquiry, and in

no way negates the importance of other factors incorporated in Problem Behavior Theory.

Developmental Issues of Women in Adolescence

Adolescence is a time of profound change. It has only recently been seen as a distinct and qualitatively different stage of life with its own unique issues. The process of becoming adult, of becoming capable of a productive and economically independent life is realized with the accomplishment of the developmental tasks of adolescence. The process of accomplishing these tasks leads one to a developing awareness of one's own identity, and to a readiness to establish mature relationships characterized by a capacity for intimacy (Erikson, 1968).

Developmental tasks for adolescence identified by Havighurst (1972) include becoming comfortable with one's body and sex role; expanding peer relationships to include both sexes; lessening emotional dependence upon family members; achieving economic independence; selecting and preparing for a vocation; developing adult intellectual skills and concepts; becoming socially responsible; preparing for marriage and family responsibilities; and developing realistic values in harmony with the world.

In order to progress toward goals of separating from family, finding a place to fit within the worlds of work and peers, putting one's sexuality into perspective, and becoming competent on the world's terms, even the most placid teen has to take some chances, venture into "territory" where he or she has never been before, and try on various identities in the quest for one that will fit. In fact, the concept of

adolescence is virtually synonymous with the notion of experimentation and risk-taking (Green and Horton, 1982).

Early adolescence is differentiated qualitatively from later adolescence by Chilman (1983), in the sense that early adolescence is characterized by initial attempts to separate from parents, with the ensuing conflict necessitating balance between the continuing need for dependence and the desire for a separate identity. Later adolescence, in contrast, is concerned with a search for a mature identity, the quest for a mate, the search for a compatible system of values, and selection of vocational direction and other life goals. Chilman noted that "throughout adolescence, sexuality is the major theme" (p. 2).

This movement toward separation is not simply away from the family, however, but "entails the redefinition of roles and the establishment of interdependent relationships with significant peers and family members" (Institute for Continuing Education in Adolescent Health Care, 1986, p. 4). A clearer and more comprehensive understanding is needed of this process of redefinition of roles and establishment of interdependent relationships. According to the Institute, too often the theories used to understand adolescent development "have evolved from a male perspective. When this perspective is changed and development is interpreted from theories based on both male and female frameworks, the understanding of adolescent development is enhanced."

"Girls and women have simply not been much studied" (Adelson and Doehrmann, 1980, in Gilligan, 1988, p. x). Gilligan asked, "What has been missed by not studying girls"? Her own reply was that it is

probably "something about relationships," and she added that those who have studied girls and women have affirmed this observation.

Konopka (in Gilligan, 1988, p. x) noted that the need for connection with others, which means "involvement with others who are 'real friends' or with an adult who appears as 'a person' is unusually intense among delinquent adolescent girls, and this sense of dependence "seems to exist in all adolescent girls."

Further, "women's sense of self is built around being able to make and then maintain connections with others, and thus, a loss of relationship is experienced by many women as tantamount to loss of self" (Miller, 1976, in Gilligan, 1988). For women, "self and others are connected and interdependent" (Gilligan, 1988, p. x). Chilman added that the greater dependence of the young adolescent woman on supportive interpersonal relationships may make her particularly vulnerable to sexual activity and pregnancy in early dating relationships (1983).

Gilligan's summation of this "principle" or norm of women's psychology, the value for striving to develop and maintain connection and interdependence, is pertinent to efforts to understand female development through the adolescent years. Norms of traditional psychology identify developmental goals of separation and autonomy as hallmarks of maturity; when women have been measured by these norms, they frequently have been judged as less well-developed. In fact, adolescent girls have repeatedly been described as having problems with separation (Gilligan, 1988). Yet Miller contended that normal individual development "proceeds only by means of affiliation" (1976, p. 83).

Irwin and Vaughn (1988) indicated that this overemphasis on autonomy has resulted in overlooking the development of other attributes that are also necessary for "productive" living. They also noted the need for interdependence as a prerequisite for healthy adult functioning:

> Issues of attachment and transformation of significant interpersonal relationships during adolescence have been largely overlooked. Although substantial research has been undertaken on empathy and sympathy as a moral/affective dimension of development, interpersonal competence has not been as thoroughly examined. Interdependence and the development of healthy interpersonal relationships are important aspects of adult functioning (p. 14S).

Irwin and Vaughn further suggested the need for the reconceptualization of autonomy as "self regulation," a suggestion which receives fleeting notice in their paper about the psychosocial context for adolescent development, but one which bears much further scrutiny in light of psychosocial depictions of the adolescent as egocentric, impulsive, and prone to risk-taking. Certainly an adolescent's level of self-regulatory ability could potentially be an important force in Jessor's theory. Incorporation of self-regulation among the developmental tasks of adolescence, as a process leading to the outcome of self-regulation, would seem to be a useful theoretical and practical direction.

In relation to teen pregnancy, when Gilligan studied a group of pregnant teens who were considering abortion, she discovered that most of them were pregnant despite having had knowledge about birth control. She suggested that "their pregnancies seemed in part to have resulted from actions that comprised sometimes desperate, sometimes misguided, and sometimes innocent strategies to care for themselves, to care for

others, to get what they wanted, and to avoid being alone" (1988, p. xxxvii).

The literature on adolescent development is only just beginning to incorporate information on women's development. Available information indicates that women's paths differ substantially from those of men, and in fact, may be nothing like men's paths. Yet, psychological analyses and interpretations of adolescent women and teen pregnancy, a phenomenon which appears to incorporate affiliative components, have been based upon men's developmental norms of separation and independence.

Further research into the processes of the development of adolescent women may contribute further knowledge of how developmental processes of affiliation, connection, relationship, and fear of separation underlie the dynamics contributing to the proneness of young teen women to engage in sexual activity leading to pregnancy.

Adolescent Sexual Development

"The process of recruitment into adolescent motherhood begins with sexual activity" (Bolton, 1980, p. 39). Yet there is evidence in the literature to suggest that sexual activity occurs within a psychosocial context having both history and meaning, and may not be simply a chance mistake.

Human beings share a dimension termed "sexuality." Sexuality as delineated by Chilman (1983) entails the possession of physical characteristics and capacities for specific sexual behaviors; a life process of psychological learning of values, norms, and attitudes about these behaviors; and attitudes about gender and sex roles and their fit

into society as a whole. Sexuality as an aspect of a human being is essentially value-neutral; it is the expression of sexuality within a given context which can promote growth or become problematic.

Menarche, the onset of menstruation, is a significant event for adolescent women because it is the most evident sign of the approach of reproductive maturity and burgeoning sexuality. Menarche is generally preceded by the appearance of breast buds and breast growth, appearance of pubic hair, and growth spurt; in fact, growth is nearly complete when menstruation begins.

Menarche is not synonymous with fertility, however. There is thought to be a period of varying length termed "subfertility," during which fertilization is unlikely to occur because of anovulatory cycles, or cycles producing abnormal ova (Eveleth, in Hamburg and Lancaster, 1986).

There is indication that sexual activity begins later in later-to-mature women (Garn, Pesick, and Petzold, in Lancaster and Hamburg, 1986) and earlier in girls who reach sexual maturation earlier (Phinney, Jensen, Olsen, and Cundick, 1990). Thus, age at initiation of sexual activity is linked to age at puberty. However, it cannot be assumed that sexual initiation begins after puberty, because of the fact that many young women have sexual experiences, including rape and incest, prior to sexual maturation.

There also may be no developmental correlation among chronological age, biological age, social age (Hamburg, B., 1986) and level of cognitive development within a given adolescent, and age at various maturational points among adolescents in general.

There is some evidence of a trend towards a significant rise in the level of sexual activity among adolescents, as well as a trend toward increasingly younger ages of initiation of sexual activity (Hamburg, B., 1986).

Early age at menarche is apt to be related to early initiation of sexual activity. It also appears that "contraception is least effectively practiced and resulting conception occurs more often in the first months after early sexual onset than when coitus is initiated in the later teen years" (Zabin, in Phinney et al., 1990). Ryder and Westoff (in Phinney et al., 1990) reported that the highest pregnancy rate in the United States was among those who were youngest at menarche.

Phinney et al. (1990) also suggest that early sexual maturation seems to pose many other difficulties for young women. Young women who experience early physical maturation are more vulnerable to social adjustment difficulties in relation to their older peers. Problems cited include indications that early maturing girls were not "as popular," were in leadership positions less often, and displayed less sociability and more unrest in adolescence than did girls who matured later (Jones and Mussen, 1958; Peskin, 1967).

Magnusson et al. (1986) found that early-maturing girls who socialized with older peers (since the sex of the older peers was not specified, it is assumed that this reference is to peers of both sexes) tended to engage in various problem behaviors such as staying out late without permission, cheating on exams, skipping school, and substance use/abuse, more frequently than did older girls under similar circumstances. Phinney et al. also reported that early maturing

adolescent women are prone to initiating early psychosexual behaviors, including early dating and sexual intercourse.

Engaging in sex at a very young age may be symptomatic of special problems, including low self-regard, poor impulse control, and low levels of cognitive development (Chilman, 1983). Early sexual relations occur mainly to please the boyfriend, rather than for direct self-gratification (Steinhoff, 1976). There is also mention of the possibility that early onset of sexual activity may have negative effects on the maturation of certain cognitive, emotional, and interpersonal skills (Cvetkovich, 1976, in Chilman, 1983). These findings tend to corroborate Hamburg's sense, noted earlier, that not only developmental issues, but specifically early sexual maturation, may well be factors that could be added to Jessor's model of proneness to problem behavior.

While Young (in Smith and Mumford, 1980) agreed that low self-esteem and academic difficulties are often manifested in young pregnant teens, he noted that frank psychopathology is no more common in pregnant teens than it is in non-pregnant teens. He indicated that delinquent behavior is also uncommon. He suggested that the combination of low academic achievement and the yearning for sources of recognition and self-esteem encourage the occurrence of pregnancy and the discontinuation of schooling.

The problem is exacerbated in adolescents growing up in situations of social disorganization, poverty, fragmentation of families, with few community resources. Young noted that these teens experience much greater difficulty growing through adolescence, and that "pregnancy in

these kids is a different management problem than with the middle class adolescent" (p. 27). Citing Abernathy (1974), Young noted other conditions that may predict proneness to pregnancy: a young woman's dissatisfaction with her mother as a role model; a preference for her father; and hostility within the parents' marriage.

While both Jessor and Young have indicated that psychopathology is probably not operative in the majority of adolescent pregnancies, Hamburg (1986) and McAnarney(1989) suggest that depression may play a role in the initiation of early sexual activity and ensuing pregnancy. McAnarney notes that "depressed women may use their sexuality for nonsexual purposes; in an effort to feel loved, for example, they may engage in sexual activity for the closeness of the moment rather than for true intimacy" (p. 75).

Flick (1986) noted four steps (decision points) on the path to adolescent parenthood. These steps may be consciously or unconsciously chosen. These decision points are:

1. To become sexually active.
2. To use contraceptives, and if so, to use them effectively.
3. To deliver, rather than abort.
4. To raise the child oneself.

Relative to the phenomenon of pregnancy in young teens, the first two choice points are most significant.

Two reviews of the literature through the mid '80's identified many demographic and psychosocial correlates of teen pregnancy (Chilman, 1983, Flick, 1986). Among the factors found to correlate with sexual activity are:

1. The older the adolescent, the more likely s/he is to be sexually active.

2. Black adolescents are more likely to have begun sexual activity, and to have done so at younger ages, but tend to have fewer partners, and to have sex less frequently than White teens.

3. Urban teens tend to be more sexually active than do rural teens.

4. Low socioeconomic status is associated with greater frequency and younger age at initiation of sexual activity.

5. Low educational attainment of themselves and of other women in their families increases the risk of a young woman to engage in sex.

6. Males are more likely to be more sexually active than females at each given age.

7. Adolescents of one-parent families are more likely to be sexually active.

8. Coming from a large family or having a sister who was pregnant as a teen is associated with an increased likelihood of sexual activity in a sibling.

9. Teens with less parental supervision are more likely to have initiated sexual activity. Interparental conflict, separation, and divorce; poor communication with parents and perceived unhappiness at home; and parenting practices which fail to combine affection with mild, firm discipline have been associated with sexual activity.

10. Teens whose views agree with their peers rather than with their parents are more prone to engaging in sexual activity.

11. Having a working mother is associated with higher likelihood of sexual activity, but also a higher likelihood of use of effective contraception.

12. Being in a relationship with a male who exerts pressure to have sex increases likelihood of becoming sexually active.

13. Perceptions of being in a committed intimate relationship, of being in love, and frequent dating make sexual activity more likely.

14. Inability to say no to the perceived expectations of the partner place a young woman at increased risk for sexual activity.

15. The constellation of factors identified by Jessor and Jessor (1975) in Chilman (1983) is associated with proneness to engage in sex:

a. value for independence and deviance,

b. parental acceptance of deviance,

c. peer acceptance and modeling of deviance,

d. rejection of parental controls,

e. little parental support,

f. mothers with nontraditional attitudes,

g. positive attitudes toward sex,

h. high value for affection,

i. low expectation for achievement,

j. tendency toward social criticism and alienation,

k. participation in other problem behaviors, and

l. decreased religiosity.

Juhasz and Sonnenshein-Schneider (1987) reported a study of influences on sexual decision making involving 500 teens, ages 13 to 19 years. The subjects were asked to indicate the extent to which certain

considerations would influence their decisions about intercourse, pregnancy, and related issues.

Males valued self-enhancement through sexual intercourse, while females believed that intimacy considerations were more important reasons for engaging in sex and were more likely to anticipate permissiveness in the context of an intimate relationship.

The older subjects appeared to be less influenced by external morality than were the younger subjects, although this was less true for females; this may indicate that the influence of parents, peers and religious authorities lessens as the superego evolves from a collection of external messages and rules to an internalized sense of moral autonomy.

Older teens are more likely to be motivated toward sexual activity by intimacy concerns, while younger girls and males in general were influenced by self-enhancement through intercourse.

Subjects of higher intelligence were less likely to be motivated by hedonistic self-gratification, and more likely to link sexual activity to intimacy. Also related to higher intelligence was a lesser likelihood of relying on external dictates of morality for decision making.

Subjects of higher socioeconomic status were more likely to consider future concerns and the effect of sexual activity upon their goals, while those of lower socioeconomic status were more motivated by the possibility of self-enhancement through intercourse.

More religious adolescents were found to be more rule bound and less oriented toward sexual autonomy in their decision making.

For males, locus of control affected their decision making in the sense that males with an internal locus of control were more likely to evaluate the consequences of sexual activity, while males with an external locus of control were more likely to be influenced by the opportunity for self-gratification.

In relation to personality factors and sexual decision making, stereotypical adolescent modal profiles of males and females emerged: males reflected narcissistic sexuality and emerged as insensitive, rejecting romantic illusions, unencumbered by the influences of moral rules, lacking in conscience, aggressive, competitive, stubborn, and viewing sexuality in terms of immediate gratification with little concern for the sexual partner.

In contrast, a profile of females emerged as tender-minded, with a strong superego, submissive, less influenced by notions of immediate gratification, and unconcerned regarding the consequences of pregnancy. "She is sensitive, dependent, conscientious, moralistic, yet obedient, mild, easily led, docile, and accommodating" (p. 588).

It is necessary to consider the above findings in light of the fact that they represent adolescents' responses to questionnaires in the rather dispassionate environment of the classroom, and may not reflect adolescents faced with the need for an "immediate" decision regarding participation in sexual activity, a decision perhaps colored by very real influences which emerge in their environments and in their interactions with significant others. Chilman noted that the relationship between attitudes and behavior is a perpetually unresolved problem; but that it probably involves a complex reciprocal interaction.

Adolescent Cognitive Development and Sexuality

The concept of decision making in regard to sexual activity requires an awareness of a need to decide, an ability to evaluate the consequences of the various options available, and an ability to choose a direction of behavior which will produce the most desirable results. The level of cognitive development, particularly in the early adolescent, may bear heavily on the quality of decision making and the kinds of decisions made and behaviors chosen.

Cognitive abilities determine people's responses to information and the way they make critical decisions in their lives. Young people confront decisions about crucial, emotionally charged issues in all spheres of functioning, including decisions about sex. In early adolescence, while persons may be biologically capable of engaging in coitus, "they have not reached the level of cognitive development to be able to develop genuine intimacy, understand the complex interpersonal aspects of a mature sexual relationship, and properly practice birth control" (Pestrak and Martin, 1985). Citing Chilman (1983), they added:

> Many adolescents are at a stage which is too self-protective to allow them to form a stable mate relationship. They have not yet identified their own individuality and thus would be unable to recognize the individuality of another. In addition, they are very likely to be insecure about their own self worth due to a deficiency of ego strength, and would be unable to cope effectively with various aspects of a mate relationship (p. 981).

Another study examining adolescents' orientations toward relationships indicated that early and middle adolescents held an egocentric and immediate gratification orientation toward dating functions, valuing them for recreation, intimacy, and status, whereas

older adolescents in dating relationships sought intimacy, companionship, socialization, and recreation. In partner selection, younger teens focused upon status-seeking and others' approval, while older teens reflected more independence and future orientation in their dating choices (Roscoe, Diana, and Brooks, 1987, cited in Paul and White, 1990).

Learning about sex is difficult for children and adolescents because of limitations in their cognitive development (Chilman, 1983). Not until mid or late adolescence is a person able to think in conceptual, non-egocentric, and future oriented terms. The concepts that a sex partner may have different ideas in general, and about sex in particular; that pregnancy might very well occur; and that provisions for fertility management ought to be made are difficult for young teens to grasp.

Chilman added that this is not just a cognitive limitation. "Young adolescents usually have not arrived at the stage of personality integration and ego and moral development that allows them to behave in realistic, responsible ways with respect to their sexuality in a partner relationship" (1983, p. 56).

Further, she states:

> Few adolescents have the opportunity to discuss sexuality in a male-female situation, relatively free of anxiety and confusion. Thus, they have further difficulty in acquiring communication skills that would make it possible to talk to dating partners of future mates about their sexual values, needs, or feelings. Sex tends to become something you do but cannot discuss with the persons most closely concerned. Thus (under these conditions) sexual activity may become a substitute for interpersonal intimacy (p.56).

Addressing the Piagetian concept of formal operations, the level of cognitive development that theoretically would be necessary for competent coping with an intimate heterosexual relationship, Pestrak and Martin noted that while formal operations are thought to begin around age 11 or 12, Manaster (1977) indicated that variables such as intelligence, socioeconomic status, cultural background, and educational variables affect the attainment of formal operations. Higgins-Trenk and Gaite (1971) suggested that the ability to function cognitively at the level of formal operations may not develop until the late teens or early twenties.

Elkind (1967), commenting on the egocentrism of adolescence which accompanies the emergence of formal operations stated:

> This egocentrism emerges because, while the adolescent can now cognize the thought of others, he fails to differentiate between the objects towards which thoughts of others are directed and those which are the focus of his own concern..... Accordingly, since he fails to differentiate between what others are thinking about and his own mental preoccupations, he assumes that other people are as obsessed with his behavior and appearance as he is (p. 58).

According to Elkind, this phenomenon gives rise to two common modes of adolescent thinking: the "imaginary audience" and the "personal fable." Adolescents assume all attention is upon them, and that people will see them as they see themselves, whether positively or negatively. In addition, they see themselves, their experiences, and their feelings as unique, and perceive that they are immune to the kinds of natural laws by which others must abide (p. 79). These phenomena give rise to many misperceptions, including how others see them, and appraisals of situations that result in risk-taking.

At this level of cognitive development, adolescents' use of birth control is likely to be unreliable, or nonexistent (Cvetkovitch and Grote, 1976), since using contraceptives involves cognitive behaviors which include recognition of their sexuality which they believe is perceived by the imaginary audience; the personal fable indicates that "it can't happen" to them (Pestrak and Martin, 1985). Pestrak and Martin remarked that it is this relatively low level of cognitive development that interferes with the practice of birth control upon the initiation of sexual activity, because despite having information about sex, reproduction, and fertility management, the cognitions are lacking which would result in application of the information.

Even when a formal operational level of reasoning has begun to develop, it may not be evident in critical decisions, especially those made in the context of "hot cognitions," those cognitions that are highly charged with emotion and are concerned with matters of perceived threat, or involve important goals or values that may be in conflict or jeopardy. Information processing and decision making are greatly impaired when dealing with "hot cognitions" (Janis and Mann, 1977).

Early adolescents usually have immature cognitive abilities and also confront a high number of "hot cognitions." In these situations, they show such cognitive impairments as narrowing of the range of perceived alternatives, overlooking long-term consequences, distortion of expected outcomes, and a tendency to make quick decisions based on external influences (Janis and Mann, 1977).

Hamburg (1986) added that the typical junior high school student is probably unable to make valid generalizations, use symbols, and

process information with objectivity. Their tendency to overestimate the prevalence of certain peer behaviors and their egocentric point of view increase their vulnerability. Hamburg stated that "even when more mature levels of cognitive functioning have been attained, there is a strong tendency for reversion to concrete information processing at times of stress and anxiety" (1986, p. 129).

Given the need to make decisions about sex, drugs, and alcohol, for instance, in the context of trying to maintain one's self-esteem under pressure of the peer group, with the limited ability to conceive of other options and possible consequences of behavior, it seems clear that the level of cognitive maturity is critical in the kinds of choices that will be made.

Green and Horton (in Coates, et al., 1982) identified several skills, cognitive abilities, and affective traits needed by a person in order to make sound health-related decisions. Young people need assertiveness skills, strategies to resist pressure, skills in probability estimation and decision making, and effective communication skills. Cognitive abilities needed for adequate decision making include the ability to acquire, comprehend, and apply knowledge; the ability to analyze and synthesize information; and the ability to evaluate alternatives. Affective traits necessary for making these decisions include receptivity and responsiveness to health-related ideas; valuing pro-health responses; and the ability to relate these values to decision making.

A comparison of the competencies identified by Green and Horton (above) with the depiction of the average young adolescent's level of

cognitive development (Hamburg, 1986, Pestrak and Martin, 1985, Chilman, 1983, Elkind, 1967) suggests that there is probably a very big gap between the level of development the adolescent needs in order to adequately address questions of sexual expression and the level s/he has actually attained.

Motivations for Adolescent Sexual Activity

The perception of adults in relation to the adolescent who becomes sexually active without concern for fertility management and subsequently becomes pregnant, while possessing information about sex, conception, and contraception, is often one of bewilderment tinged with negative judgments about the adolescent's intelligence and morals. Yet explanations emanate from research and from teens themselves conveying an adolescent perspective on the phenomenon.

Among lower class adolescent males, having sex is often seen as a game, or challenge; success is termed "scoring,"and extra points may be earned for initiating a virgin or for convincing a reluctant partner to have sex (Ladner, 1971).

When pregnant teens were asked why a girl begins to have sex, the most common response was inability to resist male pressure. Other answers were being in love, curiosity, or not perceiving any reason to wait (Furstenberg, 1976, Scott, 1983).

While many teens indicated that it was better not to have sex, they indicated that for various reasons, they "suspended" their personal codes when in conflict. In order to keep their boyfriends, many adolescent women appear ready to "stretch their values." Their

rationalizations include a desire to meet the boyfriend's expectations; everyone else is doing it; and while they often know other girls who got pregnant, they also may know some who didn't (Ladner, 1971). Chilman (1986) stated that adolescents value sex as a way of feeling close to someone, and value the relationship for more than the physical aspects of sex.

In light of Erikson's theory that a main process of adolescence is apprehending one's own identity, Bolton hypothesized that sexual activity may be one of the processes through which a given teen may actually search for identity, as well as pleasure and a longing to be "held, cuddled, and cared for" (1980, p. 99). Another concept of Bolton's is that risking sexual activity may be a form of "acting out," an adaptive utilization of the adolescent's limited power within the family.

Characterizing the Pregnant Adolescent

Attempts to identify a typology for the adolescent female who becomes pregnant have indicated that there are few, if any, fundamental differences between the adolescent who becomes pregnant, versus the adolescent who does not (Freeman and Rickles,in Bolton, 1980). Attributes such as passivity, or external locus of control; low self esteem; a history of unsuccessful relationships with both females and males; and a sense of being unable to meet the expectations of significant others are cited in the literature (Young, 1954; Abernathy, 1974; Jorgensen, 1980).

Malmguist (1966), in studying personality characteristics of women with repeated illegitimacies, reported a "clear picture of repetitive self-defeating social relationships as a result of young women's reluctance to use any measure of self esteem and demand their rights within the relationship" (p. 480). However, this pattern may pertain to only a few teens pregnant for the first time. Friedman found the major life dynamics of pregnant teens to be centered in emotional deprivation, characterized by unfulfilled needs for closeness and tenderness; rejection by parents; excessive strictness and/or overpermissiveness and inconsistent parental controls; a sense of inappropriate sexual identity subsequent to inappropriate role relationships in the parents' marriage; and role reversal - the daughter was parenting her parents (in Bolton, 1980).

Other contributions toward influencing a young teen to engage in sexual activity leading to pregnancy include reaction to a loss; severe acting-out character disorders, and a disproportionate level of parental absence during childhood and youth (Kane, in Bolton, 1980). Vincent (1961) cited minimal parental discipline of the child; excessive decision making freedom at an early age; lack of exposure to religion and traditional teachings about sex; susceptibility to strong peer influence during adolescence; and a high level of alienation from adults.

Vincent also studied various elements of an adolescent's life seeking a typology for teen pregnancy and reported that no significant pattern emerged (1961).

While there may not be any typology for the pregnant teen, Jorgensen (1980) noted that variables related to partner pressure, family involvement, and peer support may influence the decision to become sexually active.

Robbins et al., (1985) identified several factors which appear to be risk factors for pregnancy in a young woman. In a large sample of young women (n=1164), 26% had become pregnant premaritally before age 21. Among young females, pregnancy risk was related to being Black, having low socioeconomic status, higher numbers of siblings, father absence, school stress, family stress, and popularity. The Robbins study also found that the effects of parental socioeconomic status and race operate independently of self-attitudes, rather than through self-attitudes. It was also noted that while socioeconomic status and race affect feelings of powerlessness, which may be an objective reality, they do not necessarily influence self-esteem. Thus, this study refuted the commonly held assumption that perceptions of powerlessness and low self-esteem, transmitted intergenerationally through a culture of poverty, are directly related to the genesis of teen pregnancy, stating that perceptions of powerlessness are objectively rooted in the experience of poverty, but probably do not affect individual self-esteem.

Another finding of the Robbins study was that while self-esteem and powerlessness are only weakly correlated with teen pregnancy, adolescents with perceptions of high powerlessness and low self-esteem may actually be at less risk for teen pregnancy, probably due to a concomitant inertia.

Relationships and Teen Pregnancy

Descriptions of the relationships which generated teen pregnancies varied throughout the literature. Mention has been made previously of the negative characterization of the male partner reported in the literature (Juhasz and Sonnenshein-Schneider, 1987). Chilman noted that most young women who became pregnant were not involved in promiscuous relationships, but tended to have sex with the same partner within a steady relationship, even though they might have been involved in a series of relationships previously (1979).

Bolton (1980) reported that the adolescents' relationship was significant to them both prior to the occurrence of pregnancy, and he found no indication of sexual exploitation within the relationship. Bernstein (in Bolton, 1980) corroborated this report with his own findings that the relationship between unmarried parents before pregnancy occurred was characterized by attributes similar to those of other male - female romantic relationships.

Motivations for Childbearing

In considering factors related to initiation of sexual activity, becoming pregnant, and having a baby, it is important to note that much of the literature does not make explicit distinctions among these phenomena. Yet they are distinct phenomena, even though they may be sequentially and conceptually linked. For any given person, it seems that one of these phenomena, or its implicit meaning rather than the

phenomenon itself, may provide the impetus for engaging in a specific behavior.

Clearly, a teen may engage in sex for its own sake, to satisfy a male partner, or for the sense of adulthood it may represent, while not desiring a pregnancy or motherhood. On the other hand, another teen may desire a child, and therefore engage in sex and endure pregnancy as a way to her goal. Teens may not be cognizant of their motivations, and thus, much of his or her behavior will be unconsciously motivated.

While this literature review has examined many facets of adolescent sexuality, there is often not a clear distinction drawn in the literature about what motivates sexual intercourse, for example, versus what factors are related to teen pregnancy, or to teen parenting. It is clear that many of the attributes of the sexually active teen also appear to be those of the pregnant teen, or the teen mother. Yet in reality, these are probably three different although related phenomena, representing three or four different choice points (Flick, 1986), despite the appearance of conceptual blurring among them in the literature.

When a person has not had love or has lost that love in early life, Bolton hypothesized that behavior may emerge to replace that loss. Thus, a search for love may result in a romantic relationship with a male partner in which sexual expression and subsequent pregnancy occur; in this case, according to Bolton, the relationship may be a "vehicle toward love and caring, as well as a practical way to avoid loneliness and isolation" (1980, p. 100). The pregnancy results in a child whose

role at birth is to compensate for, or prevent, a sense of loneliness and isolation for its parent.

Similar to Bolton's hypothesis concerning sexual exploration representing a young teen's quest for identity, is Shtarkshall's description of a phenomenon observed while working with 20 groups of low socioeconomic Israel women, aged 18, who were participating in a family life and sex education program. These women were selected for the group because they were considered to be at high risk for pregnancy. In a variety of exercises designed to stimulate their imaginations to project themselves into their future roles, these young women predominantly came up with the image of being a mother, even in the near future. It was hypothesized by Shtarkshall that for these young women, becoming a mother related to anticipating the infant as someone to love, and making the transition to adult status via one of the few roles in adult society they perceived that they could realistically expect to achieve. If this is so, Shtarkshall noted that "it is little wonder that some of them attempt to have a baby as soon as possible" (1987, p. 568).

A distinction must be made between a healthy woman's wish for a child, and that of a woman who wants a child in an attempt to repair some internal sense of damage (Kohut, 1975). While theory still must be developed to explain women's reproductive motives, it is apparent that women's motivations in regard to childbearing differ among women for intrapersonal, relationship, and sociocultural reasons, and fluctuate with the passage of time.

Williams (1986) noted that many women experience feelings of insignificance and powerlessness in many of their relationships from

childhood onward, and having a child may represent fulfillment of the need for a relationship where she is significant and essential. Under these conditions, a sexual relationship may be seen to affirm worth and desirability; a pregnancy may be seen to represent efficacy, capability, and the assumption of adult status; and a child may become the focus of attention and caring in the hope of generating long-term closeness.

While it may be argued that there are other, perhaps more adaptive, paths to these same goals, these alternate paths may appear blocked for a variety of reasons, not the least of which is the lack of opportunity and dearth of role models in the lives of so many young women of low socioeconomic status. Having a sexual relationship, getting pregnant, and having a child, in contrast, are within a young woman's reach and capability.

Leon Dash conducted many in-depth multigenerational interviews over a period of eighteen months among the Black population of Washington, D.C. A Black journalist, he established residence in the area from which he intended to draw his sample, and became acquainted with his neighbors, many of whom became informants in his study (Dash, 1990).

The initial interviews indicated that the pregnancies of the teens in his sample were accidental. However, after a series of six to eight interviews with each subject, they began to tell him that they wanted to become pregnant. For these young pregnant teens, pregnancy was an event which signalled the transition to adulthood and emancipation from parental control.

These teens "got pregnant to meet some basic human needs, essential requirements that the adolescent children of the more affluent fulfill in other ways" (p. 121). Some of the needs which were fulfilled by the pregnancy were the needs to achieve something tangible, to prove something to their peers, to be considered an adult, to get their mother's attention, and to keep up with an older sibling. For these teens, an infant held the potential of love and belonging, and of accomplishment.

Other findings emanating from the Dash study included the following:

1. School performance within the sample ranged from poor to excellent.
2. Pregnant teens perceived that their parents had a "choke-hold" on them (which the parents reported as strict supervision of the teen to delay the onset of sexual activity).
3. Marriage within this sample was seen as unnecessary, and often undesirable, since it would decrease a young woman's independence, and many of the young Black males were not economically competent in supporting a family.
4. Most of the histories of the pregnant teens entailed incest, sexual abuse, and personal loss.
5. None of the teens in this sample bore a child in order to become eligible for welfare assistance, which they uniformly saw as a below-subsistence payment requiring them to be subjected to shame and embarrassment.

Dash framed early childbearing within the Black population as a once-necessary social adaptation of the sharecropper culture; while the

sharecropper culture is no longer viable, this learned pattern of early childbearing remains, and is incorporated within many young Blacks as a measure of self.

As an adaptive social pattern, early childbearing proved a young woman's fertility, provided more workers for the farm, and confirmed a girl's potential value as a wife and as a means to increased family productivity and thus a greater "share of the produce."

Dash referred to Charles Spurgeon Johnson's Shadow of the Plantation, 1934, for further understanding of sharecropping and the once-adaptive nature of early childbearing within the Black culture.

One of the most interesting findings of the Dash study was his experience that the interview process, conducted over time and with repeated contacts with the informants, provided an evolving set of data. Even though Dash blended into the Black culture of Washington, D.C., becoming part of the neighborhood and family activities, the stories initially related to him were changed from "accidental" pregnancies, to pregnancies which were desired for the meanings and potentials they conferred, and which began to make sense as the cultural frame for them emerged.

Chilman's discussion of Black teenage pregnancy reflects that while the Black teen is more likely than the White teen to be sexually active, the gap is closing as more White teens initiate sexual activity at younger ages. She notes that in 1971, Black teens were more than twice as likely as Whites to be sexually active, while in 1979, they were only 1.3 times as likely to have had sex. Setting Black teen women within their cultural context, she notes that they perceived little use

in delaying gratification and planning for the future, as they are affected by inner-city environments characterized by serious social disorganization; poor and crowded housing; inadequate human services of all kinds; and the prevalence of a variety of deviant behaviors evident to children; and family environments supported by single mothers in lieu of Black fathers' economic competence.

While Dash noted these same phenomena, his addition of a frame to provide some history and meaning to young Black pregnant teens' behaviors is useful in providing fuller understanding of these seemingly maladaptive teen pregnancies.

Families and Teen Pregnancy

Many studies have reported factors about the families of pregnant teens. While there may be no causal link between the data and teen pregnancy, the data does provide some information about these families that may be important in understanding a significant part of the contextual influences in the generation of teen pregnancies.

Sociocultural and economic characteristics of families, including level and type of parents' education, family income, race, religion, and ethnicity affect attitudes, beliefs and values of developing adolescents. These factors, in turn, affect decisions and behavioral choices.

Each family system is unique in its patterns of interacting, and in the sharing and distribution of power and authority among family members. Family norms vary among and within families over time. These norms relate to implicit or explicit rules, their enforcement, and the

application of necessary sanctions. Clarity of family norms, consistency of sanctions, amount, quality, and direction of communication, and balance between affection and hostility all affect the level of credibility which the adolescent extends to the family, and his or her sense of loyalty and commitment to preserving family standards and internal harmony (Fox, 1981).

Landy et al., (1983) cited a specific family syndrome which appears to increase the likelihood of early teenage pregnancy. The pregnant girls in their study reported a lack of warmth in their relationships with their fathers, and a "good" relationship with their mothers; clinically, however, the relationships with their mothers were seen as smothering and over-protective. Well over half of the girls in the Landy study came from mother-dominated homes, and had fathers who were abusive and/or alcoholic. Cobliner (1981) also reported that the pregnant teens in his study had unhealthy relationships with their mothers; these relationships were described by his sample as being binding, controlling, or abandoning.

The mother's attitudes, values, and behavior constitute direct and indirect determinants of her daughter's sex role attitudes and behavior. The father also has some impact, but this mechanism is unclear. Communication from parent to child about sex may be direct or indirect.

The literature concerning parental communication about sex to children indicated that parents and children usually do not communicate directly about sex and related issues, and that the role of parents as sex educators of their children is a minor one. The mother is more

likely than the father to undertake this role; the role of the father is usually negligible (Fox, 1981).

The importance of parents as role models for appropriate sexual behavior is noted by Fox (1981). Learning about heterosexual behavior means that one learns not only about one's own role, but also about the complementary role in the role set of sexual activity. Therefore a relationship with both parents is important in learning, rehearsing, and reinforcing appropriate sex role behaviors in the complementary male-female role set (Fox, 1981).

Furstenburg (1976) reported that in homes where sex was discussed, even vague references to sex and contraception seemed to have at least some impact on the daughter's use of contraception.

> In raising the issue the mother reveals an explicit awareness that her daughter is or may be having sexual relations. The adolescent, in turn, is allowed to acknowledge her own sexuality, and hence may regard sex less as a spontaneous and uncontrollable act, and more as an activity subject to planning and regulation (p.51).

Despite this advantage of even minimal communication about sexuality, Furstenberg concluded that many of the mothers of the young women in his sample seemed not to recognize that their daughters were sexually active, and therefore did not introduce the subject of contraception.

An explanation for this phenomenon may rest in Bolton's suggestion that families seem to fear the adolescent's burgeoning sexuality. The family may contribute to the accidental occurrence of an adolescent pregnancy by having attitudes that suggest that indications of anything related to sexuality is be kept hidden. Thus, the denial of the

possibility of a problem in the hope that it might go away may result in its very occurrence.

Lewis noted that getting sex education from other than the parents is associated with greater frequency of premarital sex, having more than one partner, and early age at initiation of sexual activity. Conversely, when parents were the main source of sex education, their children tended to abstain from sexual activity until they were older (1973).

Parents who were more likely to discuss sexuality and contraception with their children were those with relatively higher levels of education, those who were female heads of household, and mothers who themselves had engaged in premarital sex (Fox, in Ooms, 1981).

Lindeman and Scott (1981) reported that while never-pregnant girls reported more conversations about sex and birth control with one or both of their parents than did pregnant girls, both pregnant and non-pregnant girls stated that they talked with friends or a sister more than they talked with their parents.

Despite the evidence that parental attempts at sex education of their offspring are likely to be beneficial, Spanier countered that "there are indications that pressures and experiences confronting young people in a given dating or peer group situation take precedence over all past sexual socialization influences" (1976, p. 40).

Some families lack the resources to manage diverse family needs, and adolescent pregnancy may be a sign of this resource shortage. Parents under the best of conditions experience conflicts between their

role as parents and their own selfhood. When the family lacks the resources to meet the needs of the teen, the teen may seek to meet her own needs through a pregnancy (Fox, 1981). The pregnancy and the infant born of it gives the teen someone to love, to compensate for the family's lack of attention to her; and creates a sense of independence which forces a renegotiation of the relationship with the family (Fox, 1981).

Furstenburg reported in his findings about the effects of teen pregnancy within the family that becoming pregnant did, in fact, elevate the status of the young mother, and resulted in her perceptions of being treated with increased respect and "more like a woman" (in Ooms, 1981, p. 155).

Furstenburg also commented in Chilman (1983), that adolescent mothers often remained with their parents after the baby's birth, and that the presence of the young mother and child in the family often strengthened family cohesion. From these observations, he hypothesized that the daughter might let herself get pregnant "as her contribution to family purpose and unity" (p. 121).

The parent-child relationship apparently affects adolescent sexual behavior in some way. Barglow's study found a high percent of adolescent mothers who reported intensely ambivalent mother-adolescent bonds, a finding which Barglow described as a "relevant etiological factor in the pregnancies of these young women, ages 11 to 16" (1968, p. 672). Kantner and Zelnick (1972) reported a relatively high proportion of daughters with sexual experience who were being raised by single mothers.

Abernathy identified young teen women who are at high risk for teen pregnancy as those who dislike their mothers, finding them inadequate as mothers; those who prefer their fathers to their mothers, having an intimate, exclusive, and quasisexual relationship with their fathers; and those whose parents' marriage manifests a great deal of hostility, which is accompanied by the daughter siding with the father (1974). Lewis also indicated that unhappiness in the parental home and not feeling close to the mother were associated with early sexual activity, greater frequency of sex, and having more than one partner (1973).

Daughters of separated or divorced parents had greater difficulty in being able to interact with males. It was noted that many of them spent a disproportionate amount of time seeking male company and engaging in sex-related behaviors, especially those whose mothers were involved in dating relationships (Chilman, 1983).

Robbins et al. (1985) refuted some assumptions associated with Black families of pregnant teens. Rather than an "overwhelming tangle of pathology," Black families manifested many strengths; compared with White girls , Black girls reported higher self-esteem, fewer school problems, and less family stress (p. 580).

Vener, Stewart and Hager (1974) studied the prevalence of sexual activity among young women of high, middle, and lower socioeconomic status, and found the rates varied according to socioeconomic status. The chances of being non-virgin by age 17 were 40% for daughters of semirural blue collar families; 27% for daughters of upper working class

families; and 12% for daughters of families of professional or managerial families.

Jessor and Jessor (1975) reported that parental values for, support of, and a high degree of connectedness with their adolescents distinguishes between teens who remain virgins and those who become non-virgins. The more consistent the values shared by parents and teens, and the closer the ties to home, the less likely were the teens to engage in sexual activity. They further noted that the more traditional the mother, the less likely is the child to engage in early sexual relations.

Thus, various aspects of the family appear to play an important role in the occurrence or prevention of pregnancies in young teens. In the prevention of teen pregnancy, Jessor advises mothers of teens to show "openness, accuracy, responsiveness, initiative, sensitivity, and integrity" in establishing and maintaining effective communication about sexuality and related issues (in Ooms, 1981, p. 92).

Little was found in the literature about the potential role of young teens' fathers in the prevention of daughters' pregnancies. If the fathers of teens who became pregnant at an early age were characterized correctly in the literature as distant, absent, abusive, and/or alcoholic, not taking a central role in family life, and not participating in discussions about sex and related issues with their children, then perhaps the converse would be useful in teen pregnancy prevention. If fathers possessed the characteristics that Jessor described for mothers (above), were involved with their children on a

frequent basis, and communicated warmth, acceptance and value for their growing daughters, perhaps many teen pregnancies might be prevented.

Nothing was found in the literature about the possible role in prevention of teen pregnancy of the parents of the male partner, although they could theoretically have some influence in this area. That no literature was found about this facet of teen pregnancy prevention seems to further corroborate the perception or assumption that teen pregnancy is a problem of young women, thereby implicitly upholding the double standard and ignoring the influences of the context with in which teen pregnancy occurs.

The Male Partner

Studies of teen pregnancy which consider the influences of the male partner in the generation of the pregnancy often contain the phrase, "not much is known about the male partner (or teen father)." Perhaps because the needs of the young pregnant teen herself are so emergent and crucial, with few exceptions, the majority of the research focused on her and on her infant.

However, without the male partner, sexual intercourse would not occur, and pregnancy would not result. According to Barret and Robinson (1986), "the teen age father is supposed to be a self-centered and irresponsible male who takes advantage of young women without thinking of the consequences of his behavior." Similar characterizations of the male partner were cited earlier in this paper.

Yet the authors (Barret and Robinson) relate the experience of caseworkers that teenage fathers <u>do</u> express concern about both mother

and baby. In a review of the research about teen fathers, these authors also relate that very little information is available about teen fathers, and most of what is available is based on data collected from their partners, the young adolescent mothers. The authors believed that this was due to the fact that teen fathers have little contact with the social service agencies that serve the teen mothers and from which many research samples are drawn; thus direct contact and research with teen fathers is rare.

Furstenberg and Talvitie (1980) attempted to study adolescent fathers (in Barret and Robinson, 1986); they had great difficulty securing a sample, and resorted to second- hand reports from pregnant teens about their male partners. Although this decision was made with "some misgiving," they did so because "most males simply could not be located without an inordinate amount of time and expense" (p. 485).

Available information about young men who became adolescent fathers depicts them as having relatively lower levels of family income and lower academic abilities, lower educational achievement, and lower educational expectations (Card and Wise, 1978). The sexual activity of the teen father tends to begin earlier and is more varied than that of teen mothers; two-thirds of the men in a study by Furstenberg (1976) were sexually active by age 14. Black and Hispanic teen men have a higher risk of fatherhood than do Whites because they have a higher incidence of sexual intercourse and a lower rate of contraceptive use (Johnson and Staples, 1979).

Psychological research indicated that young men who become teen fathers are "normal" in relation to their peers, that is, they are more

like the control groups of non-fathers than they are different (Earls and Siegel, 1980; Pauker, 1971).

Pauker noted that studies that indicate that young fathers have a significant amount of maladjustment tend to be rating the men after the discovery of the pregnancy, when it is "not surprising that depression or emotional conflicts" would be surfacing.

Two studies, however, indicated that young fathers, while apparently "normal," are psychologically ill-prepared for fatherhood , manifesting ambivalence; unrealistic expectations and general lack of knowledge about child growth and development; and being impatient and intolerant of children (Rothstein, 1978; DeLissovoy, 1973).

Elster and Lamb (1986) estimated that approximately 30 to 50 % of pregnant adolescents have school-age partners, and that the crises of pregnancy and prospective parenthood affect these young fathers. Young fathers who have been in a relationship with their mates for a longer period of time and thus may have had a higher level of commitment to them, tended to be less surprised by the pregnancy and better able to cope with the stresses involved.

Elster and Lamb also noted that various concerns affected the young fathers as a result of their partners' pregnancies. During the first and second trimesters of pregnancy, they experienced problems with their relationships, probably with their partners, their parents, and significant others due to the need to respond to their changing status secondary to the crisis of pregnancy. The second trimester brought concerns about parenthood; and the health of the mother and the infant became primary in the third trimester. Vocational and educational

issues occupied the entire neonatal period, as the young men were confronted by the reality of the pregnancy and emerging parenthood and considered how to respond.

The younger the father at the time of the infant's birth, the less formal education he is likely to receive, and the more likely he is to confront life with a vocational disadvantage (Card and Wise, 1978).

Many young men entered marriage precipitously in response to the pregnancy. Zelnik and Kantner (1978) reported that in 1976, 70% of first births to White adolescents and 95% of first births to Black adolescents were conceived premaritally, while 25% of White infants and 85% of Black infants were actually born out-of-wedlock. Thus 45% of parents of White babies and 10% of parents of Black babies married between conception and the birth of their infants.

By the time the baby was born, about half of the teen fathers were no longer romantically involved with their partners (Babikian and Goldman, 1971). Yet a significant number of teen fathers remained interested in their children (Leashore, 1979) and contributed at least something to their support (Furstenberg, 1976).

Stengel reported that the Ford Foundation recently funded a study which revealed that many young fathers are not only willing but eager to help their partners and offspring. These young fathers, of whom 90% remain involved with the mother and child after an average of two years' relationship, were enrolled in a comprehensive program supported by Ford which offered vocational classes, counseling, prenatal and parenting classes. Stengel quotes Prudence Brown of the Ford Foundation:

> We are learning that many teen fathers are anxious to participate in the parenting of their children, but they need a lot of help and support to help them assume a responsible father role (1985, p. 91).

Stengel noted that young men experienced a conflict between the desire to be "good" fathers and provide for their children, on the one hand, and doubts about their own adequacy as providers on the other. The Ford project strongly suggested that when vocational training is part of the package, young men "lunge" at the opportunity for assistance; at the end of the two year program, 61% of the previously unemployed young men had found jobs, and another 46% had resumed their educations.

In a search for variables or risk factors pertaining to becoming an adolescent father, Robbins et al. (1985) sampled 994 young men, 15% of whom had become fathers in adolescence. Factors seen as related to the risk of impregnating a young woman while still adolescent were low socioeconomic status, school stress in early adolescence, and being popular among peers. Other factors which were examined by this study but had no apparent effect were race (except indirectly through low socioeconomic status), father absence, number of siblings, and self-attitudes of powerlessness and low self esteem.

Within this sample, most of the pregnancies occurred when the young men were between 18 and 20 years of age; only one percent of the pregnancies were generated by men under the age of 16.

Among men involved in pregnancies when they were in mid adolescence, correlates were found to be school stress, popularity, and low parental socioeconomic status. Popularity and low socioeconomic status were correlates of fathering infants in late adolescence.

It is important to note that these adolescent fathers tended to have female partners similar to their own ages, while many young pregnant teens tend to have older partners. Thus, teen fathers are only a portion of the men who impregnate young female teens, since many of the partners of these young women are beyond their teens at the time of conception (Robbins et al., 1985).

The literature characterizations of the male partner varied considerably. Older studies tend to contain the more negative characterizations; often these studies are cited as being methodologically weak in sampling and in relying upon reports of the pregnant teen as she describes her boyfriend (Barret and Robinson, 1986). Newer studies, while still infrequent, focus upon the young father himself, and are drawing their samples through more aggressive outreach. Certainly the attributes of male partners are likely to be as diverse as the traits of people in general, and negative reports may have been either representative of a particular sample or colored by the prejudgments and enculturation of the reporters.

Respecting the human side of young fathers, Pannor and Evans (in Barret and Robinson, 1986) relate the perceptions of social workers who were working with teen pregnancies:

> The social workers are convinced that out-of-wedlock pregnancies result from intrapersonal difficulties, which manifest themselves in ineffective or inappropriate interpersonal relationships; that both unmarried parents in general are faced with intrapersonal and interpersonal difficulties; and that the unmarried father enters into the relationship because of his psychic needs, and not by accident (p. 56).

The preceding passage, noting the preeminence of personal needs, contributes to the notion that adolescent sexual activity is a

phenomenon which occurs to satisfy these basic needs. In this sense, the male partner and the young woman engage in sexual activity as a consequence of contextual forces within their personal and environmental systems in an effort to fulfill needs. The needs they seek to fulfill may differ; pregnancy and parenting may be the outcomes. These outcomes frequently will negatively affect their futures and become problematic for society.

Summary

Many important factors related to teen pregnancy were identified in the course of this literature review. Problem Behavior Theory (Jessor and Jessor, 1977) provided the framework for this research, indicating that sexual activity resulting in an untimely pregnancy probably occurs as a result of the interaction among factors in a young woman's personality system and factors in her environment system.

An application of Problem Behavior Theory to the study of teens' transition form virginity to non-virginity (Jessor and Jessor, 1975) indicated several factors within teens' personality and environment systems which were operant prior to the initiation of sexual activity, and which may have increased their proneness to engaging in sexual activity. These factors related to teens' and peers' values for sexual expression, when not balanced by effective parental authority and values for academics and achievement.

Jessor (1984) contends that the occurrence of adolescent sexual activity, which he considers a form of risk behavior because it may lead to pregnancy and its accompanying biopsychosocial problems, is no accident. He stated:

> [Teen pregnancy] is neither arbitrary nor fortuitous, but is, rather, a systematic outcome of characteristics of the adolescent and of the adolescent's perceived environment that precede onset" (p. 83).

He further stated:

> Risk behaviors--like all learned behavior--are purposive, goal-directed, and capable of fulfilling multiple goals that are central to adolescent life (p. 78).

While Jessor's model does not specify low levels of cognitive development as a possible risk factor, several researchers have noted immaturity, with a focus on levels of cognitive development which are probably inadequate to the task of handling the "hot cognitions" related to engaging in inadequately protected sex, as a factor which may be closely related to pregnancies in young teens (Hamburg, 1986; Chilman, 1983; Pestrak and Martin, 1985; Manaster, 1987; Higgins-Trenk and Gaite, 1971; Elkind, 1967; Cvetkovich and Grote, 1975; Janis and Mann, 1977).

A growing body of information about women's development indicated that "women's sense of self is built around being able to make and then maintain connections with others" (Miller, 1976, in Gilligan, 1988, p. x). Miller noted a sense of dependence which seems to exist in "all adolescent girls." Chilman (1983) added that the greater dependence of the young adolescent woman on supportive interpersonal relationships may make her particularly vulnerable to sexual activity in early dating relationships.

As young women strive toward evolving their own identities, a common process of adolescence (Erikson, 1968, Havighurst, 1972), a concurrent process of psychosocial separation from family occurs. Within this context of separation, the need for connection remains, and sets the stage for the emergence of other significant relationships,

some of which may become sexual. Bolton (1980) hypothesized that sexual activity may be one of the specific processes through which adolescent women may search for identity.

The younger a girl is at puberty, the younger she may become initiated into sexual activity (Garn, Pesick, and Petzold, in Lancaster and Hamburg, 1986; Phinney, Jensen, Olsen, and Cundick, 1990). Trends toward increasingly earlier puberties (McAnarney and Hendee, 1989) and earlier onset of sexual activity (Hamburg, 1986) place increasing numbers of young adolescent women at risk for becoming pregnant. Indeed, Zabin et al. (1979) reported that the teens who are least reliable in their contraceptive practices, and most likely to become pregnant in the first few months after initiating sexual activity, are those experiencing earlier puberties.

Cvetkovich and Grote (1975) noted that in persons at the level of cognitive development typical of the early teens, contraception is likely to be unreliable or nonexistent.

While ignorance about sexuality, reproduction, and contraception were once thought to be at the root of teen pregnancy, Gilligan's interviews with a group of pregnant teens considering abortion revealed that most of them were pregnant despite having knowledge about birth control; she stated:

> Their pregnancies seemed in part to have resulted from actions that comprised sometimes desperate, sometimes misguided, and sometimes innocent strategies to care for themselves, to care for others, to get what they wanted, and to avoid being alone (1988, p. xxxvii).

Sexually active young adolescents may have underlying problems, including low self-esteem, poor impulse control, low levels of cognitive

development, academic difficulties, low socioeconomic status, and family and social disorganization (Chilman, 1983; Flick, 1986; Young, in Smith and Mumford, 1980).

Young (in Smith and Mumford, 1980) stated that psychopathology is no more common in pregnant teens than in non-pregnant teens. The role of depression in early adolescent sexual activity is unclear; McAnarney and Hendee suggest that depression may play a critical role in sexual expression. They state:

> Depressed women may use their sexuality for nonsexual purposes; in an effort to feel loved, for example, they may engage in sexual activity for the closeness of the moment, rather than for true intimacy, and this may be true for adolescents as well (McAnarney and Hendee, 1989, p. 75).

Bolton (1980) noted that sexual activity may be a form of "acting out," an adaptive utilization of the adolescent's limited power within the family. Dash found within his sample of pregnant teens several histories of incest, sexual abuse, and personal loss.

Other underlying issues which might be manifested in risky sexual activity include reaction to a loss, and family and parenting factors.

Many factors related to the families of teens who became pregnant were found in the literature. Landy et al., (1983) reported a specific family syndrome which appears to be related to teen pregnancy. Factors cited by Landy et al. include having a distant relationship with one's father; mothers who were smothering and over-protecting; and dominating mothers and abusive and/or alcoholic fathers. Abernathy (1974) identified teens at high risk for becoming pregnant as those who find their mothers inadequate; side with their fathers in an intimate, exclusive, and quasisexual relationship; and whose parents' marriage

tends to be hostile. Being raised by a single mother, particularly if the mother is dating, also appears to be related to teen pregnancy in the daughter (Flick, 1986).

When families lack the range of resources needed to raise their adolescents, teens may seek to meet their own needs through a pregnancy; this forces a renegotiation with their families based on their newly-found adult status, and provides someone to love.

Conversely, when parents are supportive of and connected to their teens; provide a structured, traditional environment; and communicate in an open factual manner about sexuality, children tend to delay the onset of sexual activity (Furstenberg, 1976; Jessor and Jessor, 1975). Parental communication to teens about sexuality and contraception probably can help prevent teen pregnancy (Furstenberg, 1976), yet families often do not communicate about sex.

Peer values and practices and the desire to please the male partner may be strong forces in influencing a young teen to engage in sex (Flick, 1986; Steinhoff, 1976). Younger adolescent females, particularly those of low socioeconomic backgrounds, were likely to be motivated to engage in sex for reasons of self-enhancement and feelings of emotional closeness (Juhasz and Sonnenshein-Schneider, 1987).

Teens tend to become pregnant during significant monogamous romantic relationships with a steady male partner (Chilman, 1979; Bolton, 1980; Bernstein, 1971). While the pregnancy may not be intended, it may confer on the pregnant teen a sense of identity, worth, and desirability; and perceptions of self-efficacy, capability, and the assumption of adult status. It also holds the additional promise of the

child who may represent love, belonging, and permanent closeness (Williams, 1986).

Various characterizations of the male partner were found in the literature, from self-centered and irresponsible to committed and supportive (Barret and Robinson; 1986; Stengel, 1985). While they tend to be as psychologically normal as their peers (Earls and Siegel, 1980; Pauker, 1971), they tend to be inadequately prepared for fatherhood (Rothstein, 1978; DeLissovoy, 1973). Elster and Lamb (1986), reported concerns of prospective teen fathers, which ranged from worry about the health of the mother and baby to fears of their own inadequacies in supporting the new family. Stengel (1985) noted that with long term social and vocational support, 90% of the teen fathers remained in relationship with the young mothers, in contrast to a previously reported figure of 50% breakup in the relationships of these young couples prior to the birth of the baby (Babikian and Goldman, 1971). There remains much to be learned about the men who father children with young teen mothers, since much of the research to date has been hampered by lack of direct contact with these men, and has been based on reports of them made by the teen mothers (Furstenberg and Talvitie, 1980).

CHAPTER III

METHODOLOGY

Overview

Two factors, the call for qualitative information from the pregnant teen's perspective (Children's Defense Fund, 1986), and Jessor's (1977) depiction of proneness to engaging in problem behavior as a result of person-environment interaction, influenced the design of this research.

The Children's Defense Fund noted that, while there is a large body of research identifying correlates of teen pregnancy, there is a lack of research about pregnancy in very young teens. Present literature is also lacking in information from the teens' perspectives. The Children's Defense Fund has suggested that filling this gap in the literature may increase understanding of this phenomenon and thereby enhance teen pregnancy prevention efforts.

Jessor's Problem Behavior Theory states that proneness to engaging in problem behavior among adolescents results from interactions between an adolescent's personality and environment systems, and specifies several factors within each of those systems which he found to be related to levels of proneness to engaging in problem behavior. He includes sexual activity with inadequate fertility management as an example of problem behavior among adolescents, because of the problems generated by teen pregnancy for the pregnant teen as well as for her infant, family, male partner, and society.

As suggested by the personality and environment systems of Jessor's theory, foci for this research were the young pregnant teens' perceptions of themselves, and their relationships with their families and male partners. This research is a descriptive study using interview technique for collecting data about young pregnant teens' perceptions of themselves, and their relationships with their families and male partners.

Sample

Pregnant teens ages 13 through 15 were targeted for interviewing. The desired sample size was set at 20, but due to extreme difficulty obtaining subjects for the sample, the actual sample consisted of 10 pregnant teens, ages 14 and 15; no 13 year old subjects were referred for this study. The sample was a convenience sample consisting of the first 10 pregnant teens ages 13 through 15 referred to the researcher. No attempt was made to control for any variable other than age of subject, current pregnancy, and ability to speak English.

Initial attempts were made to recruit the sample through public school programs for pregnant and parenting teens; the search for subjects was eventually extended to prenatal clinics and a doctor's office. The subjects came from two urban school districts, an inner-city neighborhood center prenatal clinic, and a rural doctor's office in Pennsylvania; and one urban and one rural school district in Massachusetts. The sample was a racially mixed one, with subjects who ranged from two to nine months pregnant. Interviews took place from May

1990 to January 1991. Table 1, page 78, details the demographic characteristics of the sample.

Entry to the public schools and prenatal programs was accomplished by eliciting permission to conduct the study in the school system or clinic from the local superintendent, school board, or clinic director, who then designated a staff person to serve as a contact for the research. Procedures differed among the various settings for recruiting subjects for the sample, and were carried out according to agency policy, respect for confidentiality, and characteristics and idiosyncrasies of participating agencies.

A letter was sent to pregnant teens' homes, or a parent was contacted either by phone or in person by a staff member from the school, clinic, or doctor's office describing the research process and ethical protections to the parent and seeking permission to invite his/her daughter to participate in the study if she so desired. If parents indicated that they were willing to permit their daughters to participate in the study, agency staff then referred the subject to the researcher. The researcher then asked parents to sign a consent form granting permission for their daughters to be interviewed for the study. The subjects themselves were also asked to sign consent forms at the time of the interview. The letter to parents describing the study and copies of the parents' and subjects' permission forms are in Appendix A.

Ethical Considerations

Participants and their parents have rights which must be respected at each step of the research process. The rights to privacy, anonymity, confidentiality, and to sufficient information to make informed consent emerge from the ethical principle of respect for persons (American Nurses' Association, in Murphy, 1983). To protect the subjects' and families' rights, and because the subjects were minors, written parental permission was required before the agencies could release their names for possible participation in the research. A letter to parents describing the research, its purpose, the interview process, its possible effects upon the subjects, and ethical provisions of the study accompanied the permission form . Copies of the letter and permission forms are in the Appendices A, B, and C.

Because of a small time lapse between the time the parents signed the permission form and the time of the actual interview, and because of the subjects' own rights to privacy and self-determination, anonymity, confidentiality, and information sufficient to give informed consent, the research, its purpose, the interview process, its effects upon the subjects, and ethical provisions were also reviewed with each subject at the time of the interview. Each subject was then asked to sign her own permission form. This form stated:

> I understand that [researcher] will talk with me for about an hour about my perceptions of myself, my family, and my male partner. I understand that I can withdraw from our discussion at any time. My right to privacy will be protected at all times. My name will not be used on any tape or written summary, or written reports of this project. Information that I give will be used only for the purposes of this research, and all tapes and summaries will be destroyed when it is finished.

All interviews were conducted in relative privacy. An attempt was made to secure places for interviewing which provided privacy and quiet, but because of the busy and crowded nature of many of the sites, areas which provided relative quiet and privacy were used.

None of the subjects' names were used during the interviews; therefore, none of the subjects' names appear on the tapes or transcripts of the interviews. Each tape was numbered at the conclusion of the interview, and each subject was subsequently identified by a pseudonym for the purposes of analyzing data and reporting findings.

Interview Process

Once parental permission was granted for their daughters to be interviewed for this research, an appointment was made with the contact person for a time and place to conduct the interview. Upon meeting the subject, some time was spent in general conversation for the purposes of getting acquainted. The provisions of the study were then reviewed with the subject, as noted above.

If the subject was still willing to participate, permission was sought to tape record the interview in order to preserve its full content for later analysis. All subjects agreed to be interviewed, and

all but one agreed to the use of the tape recorder (occasional notes were made during that interview). Another subject agreed to the use of the tape recorder, but asked the researcher to keep it hidden during the interview.

The interviews were guided by the questions in the Interview Schedule prepared subsequent to a review of the literature by the researcher. Initially, a large number of topics about which information was desired were identified, listed, and categorized according to whether they pertained to the pregnant teen herself, or to her family or male partner.

Due to the lengthy and cumbersome nature of this original questionnaire (Appendix D), the question content was reviewed, and broad "umbrella" questions were extracted from the long form of the original questionnaire. Each "umbrella" question was phrased in such a way that responses were likely to cover several of the questions in the long form. Fourteen of these broad, open-ended questions were extracted from the long form, and became a shorter form which was used to guide the actual interview. The short form, or actual Interview Schedule, is in Appendix E.

The interviews were essentially discussions which were guided when necessary by the short form of the Interview Schedule. The Interview Schedule was referred to occasionally during the course of each interview, and prior to its conclusion to ensure complete coverage of the desired material and a set of uniform topics within the interviews. Due to the open-ended nature of the questions, and loosely structured

discussion format of the interviews, data were also offered gratuitously by many of the subjects.

Analysis of the Data

The tape-recorded interviews were transcribed verbatim. Several professional associates of the researcher agreed to assist in the process of data analysis. A manual (Appendix F) was developed to ensure that the process of data analysis would be systematic and consistent among the volunteer reviewers. The process of data analysis consisted of several steps, described in greater detail in the manual.

A summary of the operations involved in data analysis follows.

1. All data were sorted into the three broad categories indicated by the research foci of self, family, and male partner, plus additional categories for data pertaining to two or more of the previously mentioned categories (mixed); and data pertaining to none of the previously mentioned categories (residual).
2. Each item within the data (an item refers to a complete transaction about a particular concept, phenomenon, or situation which was related to the researcher during an interview) was identified and coded. There was a total of 517 items contained in the 10 interviews.
3. A composite form was created to record the frequency with which any specific item was assigned to a given category by the reviewers.
4. Level of agreement among the reviewers about the assignment of data to specific categories during the sorting procedure was calculated. Level of agreement at this phase of data analysis was 83.6%.

5. Data were "lifted" from their original contexts and reorganized by category to facilitate the process of further analysis.

6. The subjects' responses to the questions on the Interview Schedule were identified and summarized. Level of agreement among the reviewers about the pregnant teens' responses to the questions on the Interview Schedule was calculated for this phase of data analysis to be 78.3%.

7. The first and second research questions were answered by determining the content and frequencies of similar and dissimilar responses to questions on the Interview Schedule, as well as reporting any unique data.

8. The third research question was answered by comparing a composite of the perceptions of young pregnant teens gathered in this research with a composite of factors identified in the literature review (Chapter II).

In order to preserve the context in which the data was embedded, summaries of each teen's interview content are in Appendix G.

For a more detailed account of the analytic process employed in this research, please refer to the Manual for Data Analysis (Appendix F).

CHAPTER IV

REPORT OF FINDINGS

Overview

The report of the findings of this research is organized into four sections. Section 1 of this report identifies demographic characteristics of the sample, including age, grade in school, duration of pregnancy, whether school is an alternative program for pregnant teens, race, and geographical location.

The second section contains findings pertinent to the first research question, identifying the perceptions of young pregnant teens about themselves and their relationships with their families and male partners. Pregnant teens' responses to the Interview Schedule are identified for each of the fourteen items, categorized according to self, family, and male partner.

Section 3 identifies the commonalities and differences among young pregnant teens' descriptions of themselves and their relationships with their families and male partners, identifying information which several of the young teens gave during the interviews, and information which was unique to a particular subject.

The fourth section identifies those findings of this research which correspond to information found in the summary of the literature review (Chapter II), and the findings from this research which appear to be new to the literature.

Because the situations of these young pregnant teens may best be understood within their own contexts, case summaries will be included in

Appendix G for each of the young pregnant teens interviewed. Selected quotes from some of the interviews are incorporated in the report.

Section 1. Demographic Data

The sample for this research consisted of ten pregnant teens, ages 14 and 15. Pregnant teens who were 13 years of age were eligible for inclusion in the sample, but no 13 year old teens were referred to the researcher, although at least one of the teens in the sample became pregnant prior to her 14th birthday.

No attempt was made to control the sample for stage of pregnancy, although it was hypothesized by Rubin (1970) that the various stages of pregnancy are characterized by specific psychological changes which may affect the perception and interpretation of various phenomena, and therefore might also affect the kinds of perceptions offered by the subjects during the interviews. Subjects ranged from two to nine months pregnant.

It took eight months and countless contacts to gather a sample of ten young pregnant teens. Many public school districts and clinics were contacted; while most agencies were receptive to the researcher, many of them did not have any pregnant teens ages 13 through 15 on their caseloads at the time. Two school districts declined to participate at all for fear of potential political ramifications resulting from possible parental objections to the research.

While several districts had ample numbers of young pregnant teens, it was difficult to secure parental permission to interview their daughters; as many as 85% of the earlier contacts were lost to the

research because parental permission could not be obtained. Because practices guarding confidentiality and students' rights prohibited schools from giving the researcher a list of pregnant students, the schools themselves had to initiate contact with the parents to secure permission to release their daughters' names to the researcher.

It became evident that when personal contact was made by school personnel to parents, the rate of obtaining parental permission for their daughters to participate in the research increased. In contrast, when letters were mailed home by the schools, they were seldom returned by the parents. Once this became known, schools and clinics agreed to contact parents personally for permission to release their daughters' names, and the process of gathering a sample was greatly facilitated.

Subjects were located in two urban public school systems, one inner-city neighborhood prenatal clinic, and one rural family medical practice in Western Pennsylvania; and in two school-based programs for pregnant and parenting teens in Central Massachusetts, one urban and one rural.

There were seven White and three Black subjects.

While many of the teens appear to have much in common, there was also wide variability in the subjects' perceptions, and in the life situations from which their pregnancies emerged. Because of the wide variability and the small sample size, generalization of the findings of this research to the larger population of pregnant teens is impossible. Yet the small sample size and differing stories make it feasible to preserve each teen's story as a unique entity, perhaps more valuable in

its original context than it would be if it were collapsed into statistical data.

In order to preserve the unique features of each teen's story, each subject's interview has been numbered and the subject has been assigned a pseudonym. Geographical locations, schools, and sources of referrals have been omitted in order to protect subjects' identities to the fullest extent possible. Table 1 (p. 78) details demographic characteristics of the sample. Table 2 (p. 79) identifies the duration of each subject's pregnancy.

Table 1. Demographic Characteristics of the Sample

Subject	Age	Race	Grade	Location
1. Stephanie	15	White	8*	City
2. Paula	15	White	8*	City
3. Debbie	15	White	10	Rural
4. Tina	15	White	10	Rural
5. Melissa	14	Black	8	City
6. Linda	14	White	9	City
7. Laurie	14	Black	9*	City
8. Maritza	14	Black	9*	City
9. Lisa	15	White	9*	City
10. Patty	15	White	9	Rural

* denotes subject enrolled in an alternative school program for pregnant teens.

Table 2. Subjects' Duration of Pregnancy

Subject	Number of Months Pregnant
1. Stephanie	7
2. Paula	5
3. Debbie	6
4. Tina	3
5. Melissa	3
6. Linda	2
7. Laurie	7
8. Maritza	9
9. Lisa	7
10. Patty	4

Section 2. Perceptions of Young Pregnant Teens about Themselves and Their Relationships with Their Families and Male Partners

This section lists the responses of the subjects to the 14 items on the Interview Schedule (Appendix E). The items pertain to the categories of self, family, and male partner. This categorization emerged from Jessor's Problem Behavior Theory and determined the foci of the first research question. Jessor's theory was used to organize the literature review, data collection, and data analysis processes, and provides the format for the report of research findings.

Self

1. How would you describe yourself?

Analysis of the subjects' responses to this question revealed that they tended to address five areas in responding to this question: academics, activities, feelings, issues related to self-esteem, and factors which were probably significant to them during their life histories.

Academics:

Descriptions of their academic performance and attitudes toward school ranged from excellent to poor, from "I love school" to "I hate school." Table 3 (next page) details school performance and attitude according to subject. Because students' self-reports were not verified with school records, students' quotes about their school performance serve as their perceptions of their performance.

Activities:

Seven of the subjects described an interest and participation in athletics. Three of them were on their high school basketball teams, and a fourth was a cheerleader. They all expressed regret at having to forego these interests due to their pregnancies.

Four of the subjects mentioned babysitting as an out-of-school activity. Other activities mentioned (once each) included reading, singing in the choir, dancing, and "hanging out" with friends.

Table 3. Subjects' School Performance and Attitude

Subject	Performance	Attitude
1. Stephanie	"Not good"	Wants to drop out
2. Paula	"Fair"	Dislikes school, likes alternative school
3. Debbie	"Average"	Loves school
4. Tina	"Good"	Likes trade school
5. Melissa	"Fair"	"It's O.K."
6. Linda	"Excellent"	Loved private school* where she was on athletic scholarship; has transferred to public inner-city school
7. Laurie	"So-so"	Dislikes school, likes alternative school
8. Maritza	"Excellent"	Loved private school* where she was in advanced placement and on scholarship; has transferred to alternative school
9. Lisa	"Poor"	Has troubled academic history, but likes alternative school
10. Patty	"Fair"	Likes school

*not the same school

Feelings:

In describing themselves, the subjects invariably mentioned their predominant feelings, which ranged from happy to depressed. Two described themselves as generally happy, and three described themselves as happy to be having a baby; one of the latter described herself as "mellow."

All of them said they were feeling well physically, and had experienced no physical complaints due to their pregnancies, other than fatigue and occasional irritability.

One subject described herself as angry at the present situation, and angry in general. Two of the subjects related significant histories of depression, acting-out, suicide, drug and alcohol use, school and family problems, and referrals for treatment, which included special education, psychiatric in-patient and out-patient treatment, probation, and foster care.

Two of the subjects said they were frightened by being pregnant, and what it might mean to their lives. A third subject, a 15 year old White teen, reported feeling frightened most of the time because her neighborhood was experiencing high rates of violence and drug traffic.

A White subject said she feared that she and her baby would be ostracized by her family when they discovered that the baby's father was Black.

Other feelings mentioned by the subjects (once each) included:

- My emotional problems interfere with school.
- I have more control over my feelings now that I have had therapy.

- Things happen for a reason--I got pregnant for a reason, and everything will work out all right.
- You feel different when you're pregnant.
- I'm not really embarrassed, but it's like everyone knows.

Self Esteem:

Most of the subjects made comments indicating that they felt positive about themselves in some way. Two of them said "I like myself," and five of them indicated that they would be able to cope with the remainder of their pregnancies and go on with their lives after the birth of their babies, as witnessed by comments like:

- The harder it is, the harder I work to overcome it.
- Life isn't over just because you have a baby. You have to get on with your life, enjoy your life.
- I'm going to make something of myself.
- Having a baby is a new, big responsibility, and I am going to take care of it.

Three of the girls evidenced confusion at trying to respond to what they liked about themselves, or what they thought their strengths were. Two of them were the subjects who had histories of depression and acting-out, and the third was newly diagnosed and only two months pregnant, finding her entire life needing to be re-ordered. These three were unable to answer the question; a fourth replied, "There are no good things about me," although she went on to describe herself as a "good friend and a good listener."

Significant Past Histories:

The lives of the young women in this sample contained elements identified by the literature as hazardous for normal development, and as explicit risk factors for teen pregnancy.

Stephanie lived with her twice-married and divorced mother in a neighborhood where she feared daily for her life, and from which they can't afford to move.

Paula was left in her father's care when she was abandoned by her mother as a preschooler. While she said her mother lives locally, she and her extended family have refused further contact with Paula and her older sister, currently in jail for stealing a car. While she said her father "brought us up good," she was in foster care intermittently the past few years, and had a history of depression, acting-out, substance abuse, and a suicide attempt.

Debbie and Tina apparently came from "normal" rural families. Debbie's family was intact, and she was close to her father, although she said she doesn't get along with her mother, and that her mother is moody and unpredictable. Tina's parents were divorced when Tina was an infant, and she has had minimal contact with her biological father; she said she considers her stepfather to be her "real" dad.

Melissa, a young urban Black, was close to her mother and brothers. Both her stepfather and biological father were alcoholic and abusive.

Linda, two months pregnant, was raised by her maternal grandmother in a poor, predominantly Black section of the city. Intermittently her 30 year old bartender mother has lived with them. She knew her father

was nearby, but had never met him. She described her mother as wild, violent, and unpredictable, and said, "the less I see of her, the better."

Laurie lived in an intact inner-city Black family, but refused to discuss her father, saying, "I only talk about him with my social worker." The family lost two infants, one through a late miscarriage and one through Sudden Infant Death Syndrome.

Maritza, an urban Black, came from what can only be described as an "extended matriarchy." There were no men anywhere in the family. Her maternal grandmother, aunts, sisters, and mother were prominent in her discussion of her family. Her parents never married, although for a while she had intermittent contact with her father. Her father disappeared four years ago, and no one has heard from him since.

Lisa, an inner-city White, relates a history of repeated trauma. She was left with her father in Texas as a preschooler, and was subjected to several rapes on her "Holly Hobbie" bed by her father and older brother. Her mother reclaimed her when she discovered this abuse, along with neglect that left Lisa "dirty, with ringworm and lice." Her mother is alcoholic, and has suffered from major depression and poor physical health. Lisa was also raped two years ago by a neighbor. She intentionally overdosed on her antidepressants and was a psychiatric in-patient. Her maternal grandmother, to whom she and her mother are both close, is dying of cancer. Lisa said she "hates to go home."

Patty was a 15 year old White rural teen who lived in a supportive family environment with her mother and much older stepfather. Her history was apparently atraumatic prior to her pregnancy. She noted

that she has nine grown step-siblings, children of her stepfather, whom she considered supportive.

The diverse perceptions of these young pregnant teens about themselves perhaps indicates that it may be futile to "norm" human beings in an effort to identify a "type" who becomes pregnant, or a cause-and-effect relationship among events in their life histories and their subsequent untimely pregnancies. While some of the factors thought to correlate somehow with teen pregnancy can certainly be found in each of their stories, many other factors are missing. Perhaps all that can be said is that somehow these young teens engaged in an avenue of behavior, sexual activity with inadequate protection, either gratuitously or because of some perceived promise of gratification, probably filling different needs in each case.

2. What are the most important things in your life?

There was a great deal of clarity among the young women in responding to this question. Several of the teens gave more than one answer. Their selections and the frequencies with which each selection was made is in Table 4 (next page).

It might be tempting in light of the high frequency with which the teens identified "the baby" as the most important thing in their lives to infer that these pregnancies were in some way intentional, and that having a baby was an end in itself. However, it must be noted that many of these teens, while stating during the interviews that the baby was <u>now</u> very important to them, also stated that while they may have wanted a baby "someday," they would have preferred to wait. It seems more

logical to interpret that now that they <u>are</u> pregnant, they see the baby as the most important factor in their lives.

Table 4. Responses: What Are the Most Important Things in Your Life?

Response	Frequency
The baby	8
My family	6
School	5
Myself	2
My boyfriend	1
My friends	1

3. How do you feel about life in general?

The responses to this question were many and diverse. The answer which was most frequent related to their school situation; all five of those who were in alternative high school programs for pregnant and parenting teens reported that they preferred the alternative program to the regular high school program. There may be many reasons for this, among them the fact they receive more personalized attention at the smaller alternative high schools, in contrast to the large urban high schools from which they came; the alternative programs are tailored to the needs of pregnant students in

terms of advocacy, curriculum and physical demands on the student; any sense of conspicuousness or embarrassment a teen may have felt in the public high school would be absent in the alternative school; the faculty in the alternative programs tend to be women the teens can see as female role models; and a sense of community may be perceived as the stresses, changes, and demands of first pregnancy are weathered and shared by the student body as a whole.

It is ironic that most alternative school programs for teen mothers require them to return to their original schools after the birth of their babies, when their need for the previously mentioned benefits becomes most acute.

Other responses given to this question, and the frequency with which they were given, include:

- happy about the baby (4)
- welcome the new responsibility (4)
- happy in general (3)
- having the baby is the right thing to do (vs. having an abortion) (2)
- missing sports (2)
- depressed (2)
- angry (2)
- independent (2)
- optimistic (2)
- I'll try to find the best way (2)
- some sense of stigma or shame (2)
- scared (2)

- life's not over (2)

Other responses which were unique to a given subject included feeling: tired and moody; now I gotta pay; nothing good ever happens to me; I'll never be able to trust another guy; whatever happens, happens; now I'll get more company; I've got something to live for; this baby's not a mistake; it's hard to be 15 and pregnant; it took a while to get used to the idea; no regrets, I wouldn't change a thing; I won't get into any fights while I'm pregnant; the baby is the best thing that's ever happened to me; feeling uncomfortable at home; and stressed and ambivalent in general.

The many difficult and competing feelings testify, at best, to the fact that adjusting to a pregnancy at any age brings with it feelings of pervasive change and uncertainty. In the best of circumstances, when the pregnancy is wanted and supports are present, pregnancy may also be accompanied by feelings of hope and joy, capability and optimism. The experience of the young pregnant teen, coping with sweeping physical changes, enormous responsibility for the future, and questionable support from her family and male partner, make her emotions and perceptions of life in general even more fluctuating and confusing.

4. What do you foresee for the future?

The responses to this question were concerned with future schooling, career plans, child care, family, male partner, and changes in general.

Future Schooling:

Only one of the pregnant teens (Stephanie) planned to drop out of high school as soon as the baby was born, and she said she hoped that eventually she would be able to earn a General Equivalency Diploma.

Three of the subjects, all in alternative programs, said they wanted to graduate from high school, but expressed some doubt as to whether they actually would. Their doubts related to the quality of support they would receive from significant others, and particular concerns about the availability of child care.

Six of the subjects were definite about their intent to graduate from high school, and four of those six had plans for education beyond high school. While they all noted that these were difficult goals in light of their new responsibilities, they had tentative plans for meeting some of the obstacles they might confront, and a rudimentary sense of various benefit programs that might be of assistance.

Career Plans:

The four teens whose plans to finish high school were in doubt also had vague or diffuse career goals. One stated that she had no career goals at all, while another said she'd get a job doing "something." Two others, while specifying goals, had goals so diffuse that they did not lend themselves to any specific direction. One thought she would be a carpenter or a housewife, and the other thought she might be a child psychologist or a singer.

Other careers mentioned by the teens included law, medicine, business, secretarial, and accounting.

Child Care:

Most of the teens had given some thought to how they were going to manage to continue in school in light of the need to provide for child care for their babies, with the exception of Stephanie, who planned to drop out because she wanted to care for her baby herself.

The majority planned to rely on older female relatives of themselves or their male partners. Paula, Debbie, Tina, Melissa, and Patty had tentative arrangements for child care with a sister, mother, aunt, cousin, or stepsister. Linda, pregnant by her Black boyfriend and expecting rejection by her White family, planned to use her boyfriend's grandmother's day care center. Laurie and Lisa both hoped their mothers would assist with child care so they could return to school, since neither wanted to use a day care setting. However, Laurie reported extensive family problems revolving around her father, and Lisa's mother had a long-term problem with alcohol, making their assistance tenuous at best.

One student, Maritza, attended a high school with day care services for teen parents, and planned to enroll her child in the day care while she attended classes.

Family:

Seven of the subjects intended to continue living at home with their families of origin after their babies were born. Paula, Tina, Melissa, Laurie, Maritza, and Patty all planned to continue living at home. Linda also hoped that tensions would decrease at home since she

had no other alternative at the time and wanted to go to medical school eventually.

Stephanie and Debbie were in committed relationships with their boyfriends, who were 27 and 25 years old respectively, and planned to live with them; Debbie was planning marriage in the near future. Lisa, child of the alcoholic mother, reported that she had a new boyfriend, not the father of the baby, who loved her and wanted to care for her and the baby; even though her mother hated him, she planned to marry him as soon as the baby was born and move out of her mother's house.

Male Partner:

Four of the pregnant teens said that they were in committed relationships with men that they thought would endure for the foreseeable future.

Stephanie, Debbie, and Lisa, mentioned earlier, planned permanent relationships with a male partner. Laurie also believed that she was in an enduring relationship, but described herself as being too young to manage on her own, and preferring to wait three or four years to mature and for her boyfriend, a former drug dealer, to find reliable work.

Six of the pregnant teens, Paula, Tina, Melissa, Linda, Maritza, and Patty, had broken off their dating relationships with the fathers of their babies by the time of their interviews; while many of them still had contact with their male partners, only Patty and Tina still reserved judgment as to the future directions of these relationships.

Changes:

When asked what kinds of changes becoming pregnant and having a baby might bring to their lives, many of the teens found it difficult to envision what future life might entail.

Two of the teens, Stephanie and Lisa, declared that they were not interested in further childbearing in the near future. Stephanie's answer conflicted; she said, "I'm going on the Pill"' and in the next breath, said, "I'll never have sex again"! Lisa said she wouldn't get pregnant again until she was at least 25 years old, but then stated that she planned to use rhythm as a means of birth control, saying of other forms of birth control that she doesn't "like to stick things up there."

Five of the girls thought life would definitely change for the better with the birth of the baby. One anticipated going on Welfare and living with a girl friend in a year or two. Lisa, daughter of the alcoholic mother and sexually abusive father, may have spoken for all of them when she simply said, "I hope I'm happy."

Family

1. How would you describe family life at your house?

Responses to this question focused upon family structure and who lived at home, emotional climate in the home, and a variety of factors related to family history.

Table 5 (next page) identifies the various types of family structure encountered in the sample. Teens lived in intact families of origin, reconstituted families with one biological parent and one step-

parent, single parent families, and extended families. Six of the subjects had little or no contact with one of their biological parents. None of the teens had lost a parent through death, although two of them had lost a grandparent to whom they had been close within the previous year.

All of the teens in the sample had siblings, either full siblings, half-siblings, or step-siblings. Paula, Lisa, and Patty had no siblings currently living at home; Paula's older sister was in jail; Lisa's half-siblings were in Texas with her biological father, and Patty's step-siblings were grown and self-supporting.

Emotional climate in their homes ranged from "good" to tense, unpredictable, and potentially violent. Four teens described their home lives as "good" or "O.K."; five stated that their families were supportive; four said life at home was unpredictable, and one teen (Linda) related a recent incident of violence, when her mother responded to the news of her pregnancy by beating her and calling her "slut."

Table 5. Family Structures of the Sample

Structure	Frequency
Intact	2
Single Parent	
Mother	2
Father	1
Maternal Grandmother	2
Reconstituted	3
Missing Biological Parent	
Mother	1
Father	7

Four of the families had an alcoholic parent; all of the daughters of these families reported histories of physical or sexual abuse. Lisa's family history was apparently the most traumatic, entailing separation from her mother at an early age, repeated incidents of incest by her father and brother, severe neglect, rape by a neighbor in early adolescence, chronic mental illness and alcoholism of her mother; and the impending death of her grandmother due to cancer.

Both Paula and Lisa had been in foster homes at least once, and Linda's mother had made a referral for Linda's foster placement just prior to Linda's pregnancy which never materialized.

Only Debbie, Patty, and perhaps Tina related family histories that could be considered fairly "normal," and able to support the developmental challenges of the adolescent years.

2. Please describe the feelings and support between you and your parents.

All but Linda, just two months pregnant, reported that they thought they could count on one or both parents for support. Linda's family had reacted to the news of her pregnancy with violence, had made a few attempts at acceptance, but was still vacillating between not discussing the subject and incidents of violent outbursts. Linda feared ultimate rejection from her extended family because the child will be biracial.

Most of the families reacted initially to the news of their daughters' pregnancies with feelings encompassing disappointment, disbelief, anger, and grief. Several of the parents tried to suggest alternatives to teen parenting; three of the mothers suggested abortion, and five suggested adoption. Tina, whose mother made her have an abortion 14 months ago, withheld information of her current pregnancy until she was past the stage for abortion.

Perceptions of the kinds of support available to the teens included offers of child care, planning of baby showers, opportunity to continue living at home, insistence on continuation of high school educations, and "moral support" (Lisa's mother).

3. What seem to be the chief values in your family?

The values expressed by these teens were remarkably similar. All of them mentioned family in some way, citing family harmony, sticking together, each other, togetherness, and respect for each other. Seven identified education, specifically finishing high school, as an

important family value, in many cases noting that mother and/or father had left high school prematurely and regretted it.

Male Partner

1. How would you describe your boyfriend?

Most of the pregnant teens in the sample described their male partners in terms of age, vocational and/or educational status, and his living arrangements. Table 6 (next page) details their male partners' ages and work/school status.

The male partners' living arrangements and families of origin were much the same as those of the pregnant teens; five of them were from intact families, but one of the five lived at the same foster home as Paula, coming from a family with 12 siblings. Two others lived in reconstituted families with their biological mothers; two lived in single parent homes, one with his mother, the other with his father. Another lived with his aunt because he had many siblings at home. No data, such as histories of abuse or alcoholism, were collected about the family histories of the male partners.

Two of the subjects, Stephanie and Debbie, described their boyfriends as concerned, caring, and trustworthy, and their relationships as comfortable, where they can discuss anything and readily solve problems together. Both teens said their boyfriends, ages 27 and 25 respectively, "take care" of them.

Table 6. Male Partners: Age and Work/School Status

Subject	Male Partner	
	Age	Educational/Vocational Status
1. Stephanie	27	High school graduate; Manager, fast food store
2. Paula	17	High school drop out; Unemployed
3. Debbie	25	9th grade dropout; Does tree work
4. Tina	18	High school senior; Jail sentence pending
5. Melissa	14	7th grader; unemployed
6. Linda	16	10th grader; Part-time job
7. Laurie	19	12th grade dropout; Unemployed; former drug dealer
8. Maritza	18	High school senior; Works part-time
9. Lisa	21*	G.E.D., works for temporary agency
10. Patty	15	9th grader; unemployed

* current boyfriend, not the father of the baby

Paula, Tina, Linda, and Maritza had broken up with their boyfriends by the time of their interviews; only Paula was having absolutely no contact with her male partner. The other three teens described their former boyfriends as untrustworthy and unreliable, with doubtful prospects for the future. Tina's boyfriend was "alcoholic"; Linda's had returned to a former girlfriend, and Maritza stated that she thought she and her boyfriend "might be better off as friends."

Melissa's and Patty's boyfriends, 7th and 8th graders respectively, were still in the picture; they expected to continue regular contact with them, but probably not as romantic partners, even though they both thought their boyfriends had become more mature and understanding since they became pregnant.

Laurie described a positive relationship with her boyfriend, saying "he's fine, nothing like my dad"! She expected a long term commitment. At the time of the interview, her boyfriend, a former drug dealer, had been gone a few weeks on "job interviews" on "the other side of the city"; he wrote to her frequently, and phoned her occasionally, "not just to talk, but when something important happens." She did not write back because she didn't know where he was, although she said his aunt knew, and was helping him to get his life straightened out because of the baby.

Lisa did not discuss the father of her baby, but focused upon her new boyfriend of seven months. Describing herself as really "in love," she said he wanted to marry her in the next month to take care of her and the baby. She said he had a fantastic personality, and would be a "partner for life." She said she planned to tell him he would have to control his bad temper and drinking once they were married.

2. What seemed to attract you to each other?

The subjects had various perceptions of what led them into their relationships with their male partners.

Stephanie was standing outside her inner-city house one summer day, and "he just drove up and asked me to go for a ride." Although she said no, a little later her stepfather came out and asked them to go for beer, and they have been dating ever since. Stephanie said the relationship became sexual within the first month.

Paula met her former boyfriend when they both lived at the same foster home. They did lots of things together and had fun that first summer, but when Paula moved back to her father's house in the city, the relationship became tense, and they began having sex when they got a chance to get together. Paula said they "argued over the stupidest things," and finally broke up just before she found out she was pregnant. She said he had been bragging to his friends about the pregnancy, but refused to get a job to support her and the baby.

Debbie described a casual friendship which grew over time into a committed relationship. They had a great deal of discussion between the two of them about birth control and how they would manage if she were to become pregnant. She said their ability to communicate well and resolve any differences was what attracted them to each other.

Tina's boyfriend, currently finishing high school prior to beginning a jail sentence for driving under the influence and hitting a police car, was "good looking," had a reputation as a "good kid," and he had liked her for at least a year before asking her for a date that attracted her to him. Despite the troubled relationship she described,

she said she still loved him, but doubted that they would have any future together unless he "grew up."

Melissa said her boyfriend was "more understanding" than others she had known, and that they went places and had fun together. Maritza was unable to pinpoint anything specific that drew her to her former boyfriend, saying that he was "so-so."

Linda said her former boyfriend had come to her at a dance in an inner-city neighborhood center and asked her to date. She said he was on the rebound from a girlfriend of three years, but that she loved him and wanted a permanent relationship with him, even though she feared the rejection of her family because her boyfriend was Black. Linda said, "That boy <u>is</u> my heart"!

Laurie described her boyfriend as "fine," and said it was the communication and ability to get along that attracted her to him. Lisa said of her boyfriend, "He's loving, there when I need him. He's a sweetheart, and I feel something with him that I never felt with anyone else."

Patty's attraction grew over 2 1/2 years of being classmates with her boyfriend, and while she said she still liked him, she said that there was "nothing special" about him, that she was very angry about becoming pregnant, and that she probably would not spend the rest of her life with him.

3. Please describe the best and the worst things about him and your relationship.

The pregnant teens had many things to say about their relationships with their male partners. Their perceptions as to the best and the worst things in their relationships are identified in Table 7, next page.

Six of the teens said that the worst thing about their relationship is the tension and fighting between them and their boyfriends. While most of them thought that the relationship was satisfying in some way in the beginning, it seems that tensions developed over time. In some cases, tension was exacerbated by the stress of discovering the pregnancy; but for Paula and Melissa, the relationship had broken up before they knew about their pregnancies. In other cases, (Linda and Maritza) the boyfriends were involved with other girls. It may be that many of these young people, coming from homes as dysfunctional as many of them described, do not have the skills to negotiate a successful relationship. It is also possible that intimacy is a stressor beyond the coping ability of the early adolescent.

Three of the subjects mentioned that the boyfriend's alcohol use is the worst thing about their relationship. The same subjects also mentioned that alcoholism and problems generated by it were problems in their families of origin.

Table 7. The Best and the Worst Things in Their Relationships

Subject	Best	Worst
Stephanie	We talk about everything.	He drinks.
Paula	We did a lot together...	Fighting
Debbie	Great communication We work things out... We're best friends.	He works long hours....
Tina	He treated me excellent.	Alcoholic - Can't trust him; jail sentence
Melissa	He's understanding. We go places together.	Unstable - off-and-on
Linda	He'll be there when the baby is born.	He loves someone else.
Laurie	We work out problems together. We'll have a life together.	I miss him now that he is away.
Maritza	He wants to be a dad and get back together.	Too many ups and downs...
Lisa	He's very loving...	His drinking and bad temper. My Mom hates him...
Patty	We still like each other, but....	Unsure about commitment

4. How has your pregnancy affected your relationship?

Most of the perceptions offered by the teens revolved around the reaction of the male partners to the news of their pregnancies. Stephanie stated, "He's happy--he wanted another baby"! Upon further investigation, she said that her boyfriend had a 2 year old son by a previous girl friend who is no longer in the area. She says he wants them to stay together and care for the baby.

Paula said, "He told me to go to hell and take the kid with me." He refused to get a job, and suggested adoption or abortion. They had broken up before they knew about the pregnancy.

Debbie said that she and her boyfriend plan to marry soon, that they have become a lot closer since the pregnancy, and that he is very excited about the baby.

Tina said that her boyfriend was happy about the pregnancy, even though they had already broken up, and that he wants to marry her, even though she rejects his alcoholism. She said she thinks he planned to get her pregnant, because he said to her after the last time they had sex, "I got you now. You can never leave me now."

Melissa said her boyfriend is now accepting her decision to bear the child, even though he originally wanted her to have an abortion. She said that they still see each
other even though they are not dating, and that he is being supportive to her.

Linda, whose boyfriend has returned to his old girlfriend while broadcasting the news that Linda is pregnant by him, is very uncertain

about the future, saying "I want him back" and "If he wants to come back, I'm going to play hard-to-get."

Laurie said "He was happy--I wasn't. But I feel better about it now because he is with me. He wants me to finish high school."

Maritza, also broken up with her boyfriend, maintains contact. She said, "We're not together now - he's with someone else. But he wants us to get back together, and he wants to be my labor coach." She noted that he had been buying her things with the earnings from his part-time job.

Lisa's relationship also had broken up by the time she discovered that she was pregnant. But she says her new boyfriend accepts the baby and wants to marry her and raise the baby.

Patty said, "He's excited and he has grown up a lot. My Mom told him he has to finish high school." While their families help them get together frequently, Patty is angry, said, "I didn't think it would happen to me," and she is unsure about a future commitment.

In summation, news of their pregnancies generated tensions in most of the relationships, and it is unclear in most cases how it will be resolved. However, all of the male partners seem to experience some combination of happiness or pride, and all but Paula's former boyfriend desire to provide in some way for their babies.

5. What were the circumstances when you began to have sex?

Stephanie and her male partner began having sex after they had gone together for about one month. He was not Stephanie's first boyfriend, nor Stephanie's first sexual partner. Stephanie said they never

discussed the possibility of pregnancy, and were not using any form of birth control. She said she thought she would not get pregnant, since she had sex previously without contraception and did not get pregnant. Stephanie thinks she became pregnant when she and her boyfriend went to Pittsburgh overnight for her maternal grandmother's funeral, and slept together at her aunt's house. At this time, they had been having sex for three months. At the time of the interview, they had been together 11 months.

Paula met her boyfriend at her foster mother's house, where he "moved himself in" at the beginning of the summer. They went places and did a lot together, but the relationship did not become sexual until some time after Paula returned to her father's house to live and attend school, some thirty miles away. The relationship became increasingly tense around this time, and they fought "over the stupidest things." Paula became pregnant around Christmas, and they broke up in February, just before Paula learned she was pregnant. They never discussed using any form of birth control, even though Paula said she knew she could get pregnant as a result of having sexual relations.

Debbie said she and her boyfriend initially were friends, and they began dating after three months. They had known each other nine months when they began having sex. He was her second sexual partner, and she had always insisted on condoms with the first boyfriend, because she did not want to take a chance on pregnancy with him. She said she had a greater feeling of trust and closeness with her present boyfriend, that she felt that he respected her wishes, and that she was free to say "no" to sex, where her previous boyfriend had pressured her many times.

Debbie said that she and her boyfriend had many discussions about the possibility of pregnancy, and that she constantly sought reassurance from him that he would "stick by her" if she were to become pregnant. "After all," she said, "I don't want a baby with no father." Debbie said that they took a chance having sex without a condom once, and that was when she became pregnant.

In the 14 months that Tina has been dating her boyfriend, she has become pregnant 3 times. While he was not her first boyfriend, he was her first sexual partner. Tina said the relationship was a "good" one at first, but it became more tense over time because of her boyfriend's alcoholism. The first pregnancy ended in abortion at her mother's insistence (Tina had just turned 14). Tina said that for the first few months after the abortion, all she did was cry. She said she and her boyfriend began using condoms after the first pregnancy, but the condom broke once, and she became pregnant again. She said she really wanted that baby, so she did not tell her mother she was pregnant. However, she had a miscarriage at 3 months of pregnancy. By then the relationship with her boyfriend had become chaotic; her mother forbade her to see him, but she saw him every chance she got. They continued using condoms when they had sex. After the last time they had sex, he said to Tina, "I got you now; you can never leave me now." Tina said she was confused about what he meant, but when she discovered that she was pregnant, she began to suspect that he had intentionally used a damaged condom in order to get her pregnant and keep her from breaking off their relationship. She thinks that her boyfriend has not told his parents about any of the pregnancies.

Melissa had been dating her boyfriend for about 8 months at the time of the interview. She said they dated for about two months before they began to have sex and for two more months before she became pregnant. While she says she knew about pregnancy and birth control, she says they never discussed it. She said this was her first boyfriend and her first sex partner.

Linda said she and her boyfriend lived in the same neighborhood and knew each other all their lives. They began dating shortly after he and his previous girlfriend of three years had broken up; and they dated for five months, having sex and using condoms the whole time. When he said to her, "I want a kid," she agreed to have sex without a condom, thinking pregnancy would never happen. Linda's home situation at that time was extremely tense. While Linda's mother only lived with Linda and her grandmother occasionally, her mother became very upset and did not want Linda dating her boyfriend because he was Black; Linda said, "What difference does it make - the whole neighborhood is Black!" Linda's mother referred her to Children's Services for counseling and foster placement, but Linda discovered she was pregnant before she could be placed.

At the time of the interview with Laurie, she and her boyfriend had been dating for 18 months. Laurie said they had waited for 11 months to have sex, and that she probably got pregnant the first time. While she said she knew about pregnancy and birth control, she said they never discussed it or used it. She said she got pregnant while she was staying at her friend's house after she had run away from home after one of many fights with her parents; Laurie said she had particular

difficulty relating to her father. Laurie said that this was not her first boyfriend, but he was her first sexual partner.

Maritza, too, got pregnant while she was staying at her girlfriend's house after running away from home to escape an argument with her mother and younger sister. Maritza said that she and her boyfriend had dated for 1 1/2 years, but that this was the first time they had sex. He was her first sexual partner, but not her first boyfriend. Maritza said she knew about pregnancy and birth control, and in fact had been taking the Pill ("in case I get raped"), but that she forgot her pills when she ran away. Maritza, an honor student on athletic scholarship to a private high school, said she had not been interested in sex before because she was "too busy" with sports and friends at school.

Lisa and her boyfriend had been dating for 18 months and having sex right from the beginning; she was on birth control pills, and he told her he had a "low sperm count." She began to think that the Pill was making her feel ill, and told her mother she planned to stop taking them. At this time, Lisa was confined to a psychiatric institution for a suicide attempt and depression. Her mother said, "Oh, no, you don't!", but Lisa discontinued her birth control pills, became pregnant, and broke up with her boyfriend in rapid order. She met her present boyfriend within a few days of discovering that she was pregnant, and proceeded to develop a sexual relationship with him which she expects will result in marriage in the near future. Lisa had several previous boyfriends and sexual relationships.

Patty and her boyfriend had liked each other for 2 1/2 years, meeting as junior high classmates and associating during the school day. They never really dated because they were "too young." He moved to a nearby town at the end of the last school year, and they were no longer able to see each other daily. However, her boyfriend's brother frequently came to pick her up and bring her to their house summer afternoons before he went to work, leaving Patty and her boyfriend home alone. They eventually began to have sex. While Patty said she knew she could become pregnant by having sex without protection, she said they never discussed it. Patty's older step-sister, who had recently had an abortion, suspected that Patty had become sexually active. She confronted Patty, and made an appointment for Patty to go for "birth control." By the day of the appointment, Patty was already pregnant. "I didn't think it could happen to me," she said.

The stories of all of these pregnant teens demonstrate the frequency with which teens have unprotected sex, thinking that for some reason they will not get pregnant. These stories also show that some teens become sexually active almost immediately in new relationships, and that they may continue sexual activity even in very tenuous relationships.

One of the themes which was frequently repeated was that family conflict was present in the lives of these young teens, sometimes in the form of general dysfunction and alcoholism, or in the sense that the teen and her family for some reason experience oppositional tendencies.

Only two of the situations, Debbie's and Patty's, represented teens living in reasonably healthy environments who were mutually attracted to each other over time and developed a relationship which became sexual. All of the other situations contain overt dysfunction and discord.

6. What would you like to change about your boyfriend or relationship?

Three of the subjects in this sample said that there was nothing they would like to change about their boyfriends or relationships. The other subjects in the sample offered a variety of responses, including the boyfriend's alcoholism and wishes for greater stability in the relationship. Table 8 lists the changes the pregnant teens would like to make in their relationships or in the male partners themselves.

Table 8. Changes the Teens Would Like in Their Male Partners or Relationships.

Subject	Changes
Stephanie	Nothing--it's a good relationship.
Paula	More caring and less fighting.
Debbie	Nothing--it's a good relationship.
Tina	He needs to stop drinking, grow up, and be more responsible.
Melissa	It's too off-and-on.
Linda	I wish our families could meet each other, and that he would give up his old girlfriend.
Laurie	Nothing--we'll be together.
Maritza	We might be better off as friends.
Lisa	His drinking and his temper.
Patty	I might want to date others.

7. How do you fit into each other's families?

Most of the teens in the sample had at least some contact with the families of their male partners, and vice versa.

Stephanie reported that she spent most of her time at his house, and that she and her boyfriend were together most of the time. She also said she spent quite a bit of time talking to his mother.

Paula had no contact with the family of her male partner since they broke up months ago.

Debbie reported that her family had accepted her boyfriend and the pregnancy, and that both their families were helping with plans for the apartment and the wedding.

Tina said her mother hates her boyfriend; she believed he never told his parents about the pregnancies.

Melissa related that both families already knew each other, and are being supportive of herself and her male partner, and plan to help with the baby.

Linda said that she visited her boyfriend's mother often, but that his family doesn't believe that she is pregnant, even though she brought them a note from the prenatal clinic. Her family rejects him because he is Black, and she fears that they will reject her and her child for the same reason. She wishes the families would get to know each other.

Laurie reported that she and her boyfriend's aunt get along well, and his aunt is trying to help him get his G.E.D. and a job in order to be able to support Laurie and her baby.

Maritza said that her mother objected to her having a boyfriend because she was so young, but that her family is supporting her now, and that both her mother and her boyfriend will be in the labor room when the baby is born. She also said that both he and his family are accepting of the pregnancy and have been helpful in providing for the baby.

Lisa described some of her male partner's family as "O.K.," and the rest as "A-holes." Her mother hates her boyfriend, and threw him out of his live-in arrangement with Lisa in the family home because he was

disrespectful and made long-distance calls on their phone without permission.

In Patty's case, both families are accepting of the young couple and the pregnancy, and are helping Patty and her boyfriend to maintain contact now that the boyfriend's family has moved to another town. Both families will help them with the baby and help them to finish high school. Patty's mother wants her to date others before making a commitment.

Section 3. Commonalities and Differences Among Young Pregnant Teens' Perceptions of Themselves and Their Relationships with Their Families and Male Partners

While each of the pregnant teens' stories was unique in many ways, there were many trends which emerged upon analysis of the data. These trends were seen in virtually all areas covered by the interviews. The framework of self, family, and male partner was used to organize this section and identify the various trends which were found in the process of data analysis.

Self

Age:

The ages of the teens were similar - all of the subjects were either 14 or 15 at the time of the interview.

Academics:

Most of the subjects (7) reported themselves as fair to good students. Of the three others, two described themselves as excellent, and one described herself as poor.

Eight of the teens had changed schools in the recent past, two prior to their pregnancies (Debbie and Tina, who had transferred into trade school), and six as a result of transferring from their regular schools because of their pregnancies. While none of the schools had policies requiring pregnant teens to withdraw, the girls felt that their needs would be met better and that they would be more comfortable in other settings. One of the girls transferred from a private Catholic high school into public high school, another transferred from a private Catholic high school (not the same one) into an alternative school for pregnant teens, and four transferred from public high schools into alternative high school programs for pregnant teens. All of the teens who transferred into the alternative programs reported that for the first time, they really liked school.

Only one of the subjects planned to drop out of high school when her baby was born. Nine of the teens were definite that they planned to finish high school, although three of them had somewhat tenuous support systems and child care plans.

Eight of the teens had child care plans which relied upon members of their families. One teen planned to use the day care center in the public high school, and one planned to drop out of school and care for her baby herself.

Activities:

Seven of the teens reported that they played one or more sports in their extracurricular time, and four said they babysat. Reading, singing. dancing, and "hanging out" with friends were mentioned once each.

Feelings:

Most of the teens reported that they felt reasonably happy in general, and four specifically said they were happy about having a baby. On the other hand, two of the subjects reported histories of major depression and suicide attempts prior to becoming pregnant. All of the teens reported that it was difficult to adjust to the idea of being pregnant.

Self Esteem:

All of the teens indicated in some way that they liked themselves, except for one, Melissa, who said, "There's nothing good about me."

Career Goals:

Five of the pregnant teens had clear personal goals for work in later years, including physician, attorney, accountant, and secretary. Four mentioned career ideas which were very vague and diffuse, and one had made no plans at all other than to care for her baby.

Family

Family Structure:

Eight of the teens in the sample lacked regular or any contact with one of their biological parents. Three had fathers whom they never saw, two had fathers whom they seldom saw, and two had fathers who were in somewhat regular contact.

One teen, Paula, was abandoned by her mother about nine years ago and has had only two phone conversations with her mother which Paula initiated herself.

Five of the teens were in single parent homes at the time of the interview, two with their mothers, one with her father, and two with their maternal grandmothers. Two lived in intact families of origin, and three lived in reconstituted families with their mothers and stepfathers.

Seven subjects planned to continue living at home after the births of their babies, at least for the foreseeable future. Another, Linda, wanted to continue living at home, but because of her biracial baby, feared rejection by her family and had no alternative plans at the time of the interview. Two others, Debbie and Stephanie, planned to get apartments and live with their boyfriends; Debbie had plans for marriage.

Family Climate:

Nine teens reported tensions at home. Five said they had difficulty getting along with their mothers which they attributed to

their mothers' moodiness or instability. Four other teens had problems getting along with their fathers, in two cases attributed to alcoholism.

While all of the teens had siblings, half-siblings, or step-siblings, only Paula and Lisa had no siblings currently living at home with them.

Six of the teens' stories mentioned their maternal grandmothers as highly influential figures in the teens' lives. Two of them lived with their grandmothers, and 3 reported almost daily contact and closeness to their grandmothers. Another of the girls had been very close to her grandmother, who had recently died.

Although 8 of the teens reported that they perceived at least one source of personal support at home, only four of them described home life as "good" or "O.K." Four of them described home life as unpredictable, three because of their mothers' instabilities, and one because of a problem (undescribed) with her father. Three reported an alcoholic parent or step-parent; three reported histories of physical abuse and/or severe neglect, one of which had also experienced several incidents of incest. One of the teens' mothers had a history of chronic mental illness, alcoholism, and poor physical health.

Stephanie mentioned that while her mother was supportive, and they had a good relationship, she preferred to spend most of her time at her boyfriend's house because she perceived that their neighborhood had become unsafe due to many incidents of violence and drug traffic. She stated that they couldn't afford to move.

Experiences of major loss appeared frequently in the stories of these teens (n=7). Two had lost a grandparent to whom they had been

close within the previous year. Two had parents who had abandoned them or disappeared. One teen had an abortion and a miscarriage in the year before she became pregnant. Another teen's mother had recently had a miscarriage and also lost a child two years ago to Sudden Infant Death Syndrome. Another, Lisa, had a father in Texas from whom she was separated subsequent to incest, suffering loss of trust as well; Lisa also stated that her maternal grandmother is dying of cancer and that she is very close to this grandmother.

Family Values:

There was great similarity in the subjects' identification of the most important values in their families. Family harmony, togetherness, and wellbeing were the most frequently reported values, followed closely by getting an education. Three of the teens, in what appeared to be the most tense home situations, were unable to articulate any family values, perhaps because dysfunction was so prevalent that there seemed to be no consensus about anything.

Male Partner

Age:

The ages of the male partners ranged from 14 to 27. Their ages were 14, 15, 16, 17, 18 (n=2), 19, 21, 25, and 27.

Education and Vocation:

Five of the male partners of the young pregnant teens were high school students, ranging from 7th to 12th grades. Three had dropped out

of high school before the pregnancies occurred. One had earned a General Equivalency Diploma, and one had graduated from high school. None of the men had gone to college, nor had any plans to do so.

Two of the men worked full-time (the two oldest), one as a fast food manager and one as a tree worker. Three worked part-time, and five were unemployed, including the 14 and 15 year old.

Relationship with the Male Partner:

All of the pregnant teens expressed feelings of affection for and attraction to the male partner, at least at the beginning of the relationship.

The lengths of the various relationships ranged from five months to two and one half years. At the time of the interviews, six of the relationships had broken up, although there was some residual contact among five of those couples, mostly about the unborn baby. Four of the pregnant teens said that they expected to continue in their relationships with their male partners.

Three of the teens indicated that the best thing about their relationships with their male partners was the open and easy communication they had together. Three others who had broken up with their boyfriends expressed positive feelings about them, but were hesitant about re-entering the relationship because of a history of instability in the relationship or a need to meet other men before a commitment is made. Most of the pregnant teens' perceptions about what made their male partners attractive to them related to some positive feeling(s) the teen experienced as a consequence of being in the

relationship; e.g., being part of a twosome; being attractive to someone; and feeling valued.

In describing the worst things about their relationships, the pregnant teens cited the boyfriend's alcoholism (3), instability and tension in the relationship (6), uncertainty about making a commitment to the male partner (2), and the boyfriend's history of legal problems (2).

Although six of the relationships had broken up, all of the teens reported that their boyfriends were happy to some extent about the pregnancies. At least seven of the male partners reportedly had bragged to friends about impregnating someone, and eight of them wanted to assume at least some of the aspects of fatherhood. All but two of the men had been buying things for the pregnant teen and/or for the baby, and at least five of them hoped to be present in the delivery room when the baby was born, regardless of whether they wanted to continue in a relationship with the teen mother.

Circumstances Related to Having Sex and Becoming Pregnant:

Three of the teens became pregnant while away from home overnight, one at her grandmother's funeral, and two who had run away from family arguments to girlfriends' houses.

All of the girls stated that they knew sexual intercourse could result in pregnancy, and that they knew that there were ways to prevent pregnancy. For five of the girls, Tina, Melissa, Laurie, Maritza, and Patty, it was their first sexual relationship. Stephanie, Paula, Melissa, Laurie, and Patty never discussed birth control or pregnancy

with their male partners. Debbie, Linda, Maritza, and Lisa all used some form of birth control for a while, but then discontinued its use. Tina said that she and her boyfriend used condoms all the time after two previous pregnancies, but that he may have used a damaged condom intentionally to get her pregnant and keep her in the relationship.

Four of the pregnant teens reported that their relationships with their male partners had become very tense in the days preceding their becoming pregnant. Two of them had been separated by a geographical move from their male partners prior to initiating sexual activity, and their subsequent meetings became more sexually intense.

Three of the subjects described relationships which slowly grew from friendships into sexual relationships.

Several of the girls had histories of significant loss prior to their pregnancies, and two had histories of major depression.

Families of the Pregnant Teen and the Male Partner:

Four of the families of the pregnant teen had accepted the male partner and the pregnancy, and were cooperating with the family of the male partner to help the young couple maintain contact with each other and solve some of the problems generated by the pregnancy. Three other families of the pregnant teens "hated" the male partner, and refused any kind of support to the relationship between the pregnant teen and the male partner, although they generally have accepted the pregnancy and are assisting with plans for the new baby. One teen has no contact with her male partner or his family, and two other families of the pregnant teens are somewhat ambivalent about supporting their daughters' relationships.

Section 4. Comparison of Findings With Literature Review

The findings of this research were compared to the information found during the review of selected literature, as reported in the summary of Chapter II. A composite listing developed from information identified in the summary of the literature review is found in Table 9, categorized according to self, family, and male partner, the organizing framework for this research.

Table 10 lists the findings from this research, and compares them to the literature, identifying whether present findings agree or disagree with the literature, or whether no reference was found for a particular finding from this study. The findings are summarized after Table 10.

Discussion about the findings of this study and their relationship to what is presently found in the literature, as well as recommendations for further study and service to pregnant teens is in Chapter V.

Table 9. Composite of Findings Related to Teen Pregnancy as Identified in the Summary of the Literature Review

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Self
Immaturity and low level of cognitive development
Dependence of young females on interpersonal relationships
Most have information about sex and birth control
Poor contraceptive practices in early sexual activity
Academic difficulties
Low value for academics
Low value for achievement
Value for sexual expression
High value for independence
External locus of control
Peer value for sexual activity
Inability to resist male pressure
Value for the positive functions of problem behavior
Participation in other problem behaviors
Depression
Emotional deprivation
Role reversal
Desire to please the male partner
Self enhancement
Feelings of emotional closeness, affection

Family
Ineffective parental authority, supervision
Inadequate parental support
Inconsistent parental controls
Low socioeconomic status
Large family
Sister pregnant as a teen
Mothers with non-traditional attitudes
Family disorganization
Social disorganization
Incest
Sexual abuse
Personal loss
Acting out to use limited power in family
Distant relationship with father
Alcoholic father
Smothering over-protective mother
Domineering mother
Parents' marital hostility
Perceived unhappiness at home
Single mother
Family unable to meet teen's developmental needs
Having someone to love
Family doesn't communicate about sex

cont.

Table 9, continued

Male Partner
Monogamous relationship with steady male partner
Self-centered, irresponsible
Committed, supportive
50% break up before baby's birth without support
90% remain in relationship with mothers with support
Low socioeconomic status
Low academic achievement and expectation
Low level of education
Value for "scoring"

Abernathy, 1974; Bolton, 1980; Chilman, 1979, 1983, 1986; Cvetkovitch and Grote, 1976; Dash, 1990; Flick, 1986; Friedman, 1971; Furstenberg,1981, 1986; Gilligan, 1988; Hamburg, 1986; Jessor, 1975, 1984; Juhasz and Sonnenshein-Schneider, 1987; Ladner, 1971; Landy et al.,1983 ; McAnarney and Hendee, 1989; Miller, 1976; Steinhoff, 1976; Young, in Smith and Mumford, 1980; Zabin et al., 1979.

Table 10. Composite of Findings of This Research Compared to Findings in the Literature Review

Findings of this Research	Found in Lit. Review
Self	
Subjects ages 14 and 15 years	Average pregnant teen older
Fair to good students (7) Poor student (1) Excellent students (2)	Agrees with Dash (1990); others cite poor academic performance
Recent change of schools (8) -before pregnancy (2) -after pregnancy (6)	No reference
Preferred alternative school to all other schools (5; n=5)	No reference
Plan to finish high school (9) Plan to drop out (1)	Likely to drop out
Tentative plan for family to provide child care (8) Plan to use school day care center (1) Plan to care for baby herself (1)	No reference
Active in sports before pregnancy (7)	No reference
Knew about sex, pregnancy, and birth control (10)	Agrees with Gilligan, 1988
First sexual relationship (5) Never used birth control (5) Some use of birth control (5)	Use of birth control unreliable in early sexual activity (Cvetkovich and Grote, 1975)
History of major depression (2) Reasonably happy (7) Somewhat angry (2)	McAnarney and Hendee, 1989 implicate depression
Self-perceived positive self esteem (9)	Literature cites low self esteem
Clear future goals (5) Vague, diffuse, or no future goals (5)	Low future aspirations cited as norm

cont.

Table 10, cont.

Have female relatives who were pregnant young (5)	Agrees with Flick, 1986
<u>Family</u>	
Lacking contact with one biological parent (8)	Usually a father missing Robbins et al., 1985
-father (7)	
-mother (1)	
Single parent (5)	
-mother (2)	Flick, 1986
-father (1)	No reference
-maternal grandmother (2)	No reference
Intact family (2)	No reference
Reconstituted family (3)	No reference
Alcoholic parent (3)	
-mother (1)	
-father (2)	Landy et al., 1983
Physical abuse (3)	
-incest (1)	Dash, 1990
Tense, unpredictable home life (9)	Flick, 1986
-problems with mother (5)	Landy et al., 1983
-problems with father (4)	Landy et al., 1983
Family disorganization (6)	Chilman, 1983
History of major loss of family member (7)	Bolton, 1980
Social disorganization - unsafe neighborhood (1)	Young, in Smith and Mumford, 1980
Prominent role of maternal grandmother (6)	No reference
<u>Male Partner</u>	
Ages 14 to 27 (14, 15, 16, 17, 18 (n=2), 19, 21, 25, 27)	Two are younger than average.
Poorly educated (10)	Typical
No vocational preparation (10)	Typical

cont.

Table 10, cont.

Intact relationship, plans for future (4) Broke up before news of pregnancy (2) Broke up after news of pregnancy (4)	Usually half break up before birth of the baby
Relationship tense before pregnancy (4)	No reference
Remain interested in baby (9) Buying for baby (8)	Stengel, 1985; with support, 90% fathers remain interested in baby
Feeling of enhancement from impregnating (10)	Ladner, 1971
Described as self-centered and irresponsible (5)	Juhasz et al., 1987
Described as committed and caring (5)	Barret and Robinson, 1986
Problematic alcohol use (3)	No reference
Problems with the law (2)	No reference
Accepted by pregnant teens' families (4)	No reference
Rejected by pregnant teens' families (3)	No reference
No contact with pregnant teen (1)	50% break up before birth
Feeling of enhancement from impregnating (10)	Ladner, 1971
Described as self-centered and irresponsible (5)	Juhasz et al., 1987
Described as committed and caring (5)	Barret and Robinson, 1986
Problematic alcohol use (3)	No reference
Problems with the law (2)	No reference
Accepted by pregnant teens' families (4)	No reference
Rejected by pregnant teens' families (3)	No reference
No contact with pregnant teen (1)	50% break up before birth

Summary of Findings

Interviews of ten young pregnant teens identified some information which agrees with the literature, some which disagrees at least in part with the literature, and some information which may be new to the literature on teen pregnancy and related factors. The findings will be summarized according to the organizing categories of self, family, and male partner.

Self

The ages of the girls in the sample were 14 and 15 years, younger by study design than the samples in most studies. They ranged in academic performance from poor to excellent; the literature, except for Dash, (1990) pictures pregnant teens as having low levels of academic performance and aspiration (Jessor and Jessor, 1975). In general, this sample of ten pregnant teens was not as disengaged as pregnant teens appear to be in the literature.

Seven of them participated in school sports until they became pregnant. Nine of them hope to finish high school, and five have career goals necessitating college and beyond. Eight of them believe that a family member is willing to care for the baby while they go to school.

An interesting finding of this study was the fact that eight of the girls had changed schools in the previous school year, two before they became pregnant, and six as a response to their pregnancies. Five of the six enrolled in alternative school programs for pregnant teens, and all of these reported that the alternative school was much better than their home school; some of them reported that they liked school for the first time in their lives.

Nine of them report that they like themselves, compared to literature reports of low self esteem in pregnant teens. While two report traumatic histories culminating in major depression, most of them describe their moods as usually happy; two report some anger at themselves, their situations, and their male partners.

In agreement with the literature is the fact that most pregnant teens appear to have information about sex, pregnancy, and birth control, but that this information is applied inconsistently, or not at all. Having family members who became pregnant at early ages is noted as a risk factor for teen pregnancy in the literature; five of the teens in this study had at least one female relative who became pregnant at young ages; one of the girls had four family members who had babies in their teens.

Family

The literature notes varying types and degrees of family pathology in the families of teens who become pregnant. Some measure of family stress or disorganization, ranging from apparently mild to severe, was a theme for each of the subjects. Eight of the teens reported that they see one of their biological parents seldom or never; one of the girls was abandoned by her mother nine years ago and has only had two phone conversations with her since.

Five of the subjects come from single parent households, four headed by mothers, and one headed by a father. Only two of the subjects came from intact families of origin.

Three of the pregnant teens reported alcoholism in the home; two had alcoholic stepfathers, and one had an alcoholic mother. These same

three also reported histories of physical abuse; one was abused sexually repeatedly by her father and brother.

Nine of the subjects reported a tense, unpredictable home life. Five attributed the tension to their mothers, and four to their fathers.

Despite the evident level of family disorganization and dysfunction among the sample, nine of the subjects reported that they felt that they could count on their families for at least some support after their babies were born, ranging from moral support to being welcome to continue to live at home. References were not found in the review of the literature as to the family support experienced by teen mothers, other than that family support appears to be a key factor in teens' ability to manage parenting and their own growth needs.

Reaction to major loss has been noted by the literature to be a possible factor in teen pregnancy; seven of the pregnant teens had fairly recently lost family members; one has a grandmother who is dying.

One of the students reported living in an unsafe, crime-ridden neighborhood, and spending most of her time at her boyfriend's house. Since this was not a research focus, it is not known whether any of the others in the sample share this perception; however, several of the others also lived in inner-city neighborhoods, and the kind of social disorganization found in these settings was cited as a relevant factor in teen pregnancy.

Another finding of this research that was not referenced in the literature reviewed was the role of the maternal grandmother in the family. Six of the teens reported that their maternal grandmothers were highly important persons in their lives; two of them lived with their grandmothers.

Male Partners

To some extent, the male partners conformed to the profile established in the literature. The ages of the male partners in this study ranged from 14 to 27; two of them were under 16, which makes them relatively young to be fathering a child (only one percent of teens' babies were fathered by men under 16, according to Robbins et al., 1985).

The bleak educational and vocational preparations of the male partners in this study conform well to the profile in the literature, as do the number of relationships which had already broken up, six out of ten. Nine out of ten of these young fathers appear to be maintaining an interest in their babies, a figure cited by Stengel as attainable when men have support in managing the father role.

This study found that many of the teens' relationships were tense prior to the teens' becoming pregnant. This is a phenomenon not noted in the literature.

All of the teens reported that their male partners had expressed feelings of pride in fathering a baby, which corresponds to Ladner's observations on "scoring" (1971).

The literature is divided in characterizing male partners of pregnant teens; they are described as being self-centered and irresponsible by Juhasz et al. (1987, and as caring and committed by Barret and Robinson (1982). This study found that five of the pregnant teens described their male partners as self-centered and irresponsible, and five described them as committed and caring.

This study also found that three of the male partners had problems with alcoholism, and two had problems with breaking the law. No reference was found in the literature to correspond with these findings.

No reference was found in the literature to indicate how the male partners were received by the families of the pregnant teens. Four of the families of the pregnant teens in this study accepted the male partner and were helping the couple manage the problems generated by the pregnancy. Three of the families "hated" the male partners and rejected any contact outright. Three families appeared to be ambivalent and reserving their decisions regarding the male partner.

Areas of Agreement

Several findings of this study agreed with literature references about teen pregnancy. Areas of agreement included:

1. Significant depression was evident in some of the pregnant teens (Hamburg, 1986, McAnarney and Hendee, 1989).
2. The pregnant teens knew about sex, pregnancy, and birth control, but got pregnant anyway (Gilligan, 1988).
3. Family disorganization was prevalent in this sample, including loss of contact with a biological parent; single parent homes; presence of alcoholism, abuse, and incest (Dash, 1990; Landy et al., 1983).
4. Many of the sample had experienced loss of a significant family member (Kane, 1973 in Bolton, 1980; Williams, 1986).
5. Social disorganization of at least some of the inner-city neighborhoods was present (Young, in Smith and Mumford, 1980).
6. Male partners had low levels of educational and vocational preparedness (Card and Wise, 1978).

7. Many of the teens' relationships had already broken up (Babikian and Goldman, 1971).

8. Most of the men took pride in fathering a child (Ladner, 1971).

9. Teens' perceptions of the men's character traits varied as do the descriptions of men involved in teen pregnancy in the literature (Juhasz et al., 1987; Barret and Robinson, 1986).

Areas of Disagreement

Perhaps the major area in which this study is in at least partial disagreement with the literature is in the literature's characterization of the pregnant teen as being disengaged and disenfranchised, a somewhat marginal citizen in every area. The teens in this sample covered a wide range in academic achievement and future plans, as well as involvement in extracurricular activities at school. These teens also reported themselves as happier and having higher levels of self esteem than the literature tends to indicate.

Findings Which Appear to be New

Several of the findings in this study appear not to have corresponding references in the literature. They include:

1. The frequency with which these pregnant teens had changed schools.

2. The unanimous appreciation the pregnant teens had for the alternative schools (sample attended 3 different alternative schools).

3. Most of the teens in the alternative schools liked school for the first time.

4. The frequency with which the maternal grandmother is reported as being highly important in the life of the pregnant teen.

5. Most of the teens' families have indicated that the teens cam anticipate some level of family support, ranging from moral support to being able to continue living at home.

6. Many of the teens' relationships with their male partners were tense before they became pregnant.

7. The presence of alcoholism and law-breaking among the male partners.

8. Four of the teens' families accept the male partners and are supportive of the relationship, and three were ambivalent. Only three families rejected the male partner outright.

Relevance of the Findings to Jessor's Problem Behavior Theory

Jessor's model of proneness to problem behavior in adolescence served as the framework for this research. The framework identified the areas of self (Personality System), family (Antecedent-Background Variables), and male partner (Perceived Environment System) as foci for this study. Jessor's model, Figure 1, specifies many variables relevant to problem behavior; only the three previously mentioned were examined in this study.

This research can not be considered a test of Jessor's model because only three variables from among the many variables in his model were examined in this study, and because some of the variables in his model are probably best identified in specific instances by methods other than interviewing. However, many of the findings of this research did fit into Jessor's schematic for explaining proneness to problem behavior. These findings are detailed below.

1. Personality System

Academics:

Nine of the ten teens interviewed reported themselves as fair to excellent students who plan to finish high school. This contrasts with Jessor's finding of relatively low values and expectations for academic achievement (Jessor, 1975). Jessor's observation may represent normed results found within his sample; thus any high academic standings of students in his sample may have been lost in the norming process.

Self Esteem:

Nine of the teens in this study reported that they liked themselves. It is possible that their self esteem may have been lower prior to becoming pregnant, and became higher secondary to pregnancy. Self esteem in this study was considered to be the teens' expressed opinions of themselves; this self-report differs from the method used by Jessor in evaluating self esteem in the teens in his study. Nevertheless, these reports of self-liking from the teens in this study seem to contrast with Jessor's finding of lower levels of self esteem prior to the onset of problem behaviors.

Locus of Control:

The fact that eight of the teens in this study had already arranged for day care for their infants in order to continue their schooling indicates that they possessed at least a moderate level of internal locus of control. This contrasts with the external locus of control, fatalism, and passivity found in Jessor's sample (1975). There also seems to be a contradiction relative to locus of control in the findings that the teens may have already arranged for day care, yet did not effectively contracept. Locus of control may vary according to the

issue, or the pregnancies of these teens may be more intentional than they indicated, making them more like the teens in Dash's study (1990).

Alienation:

Many of the teens' statements in this study indicated that they did not perceive themselves as alienated. Academic performance, intent to finish school, and participation in athletics, for example, indicated that these teens were at least somewhat engaged in their social systems. Six of them indicated their families as one of the most important things in their lives; however, the teens' stories suggested that many of their families have been at least somewhat inadequate in nurturing their children. Rather than being alienated, it is possible that these teens are valiantly engaging in struggles to belong, to be part of their social systems, despite a lack of normal support in normal developmental processes.

Jessor's findings suggested that teens engaging in problem behavior are relatively alienated, in contrast to the findings of this study. The findings of this study of inadequate parental nurturing and problematic home environments correspond to Jessor's findings.

2. Perceived Environment System

This system considers the supports and controls of parents' and friends' influences, and their approval of and engagement in problem behaviors.

As noted above, some level of dysfunction was noted in all of the families in this study, and it appeared to be severe in eight of them. Histories were given detailing the single parenthood of the pregnant teens' parents, divorce, alcoholism, abuse, incest, and abandonment. At

times, the teens were parented by surrogates, such as foster parents, grandparents, or other relatives. At least four of the teens had long term involvements with multiple social service and education placements. Eight of them had recently changed schools. This sample, like Jessor's (1975), had relatively low levels of social support, stability, and continuity in their lives.

Male Partner:

The male partner was significant in influencing the behavior of the teens in this study toward risking pregnancy. This corresponds with Jessor's finding that friends' values and models for problem behavior increase the likelihood that a teen will also engage in similar behavior. It is uncertain whether direct male pressure was involved in all of the pregnancies. In at least two cases, the males' behavior directly influenced the occurrence of pregnancy. Tina's boyfriend apparently intentionally impregnated her by using a defective condom; Linda's boyfriend persuaded her to discontinue her use of birth control because he "wanted a kid."

Jessor (1984) suggested that problem behaviors occur in clusters, with persons engaging in a variety of problem behaviors. This was borne out by three of the males in this study. Not only had they impregnated their girlfriends, but they also had problems with alcohol and the law.

3. Summary

Many factors found in this study are not incorporated or specified in Jessor's model. Among these factors are the relatively young ages of the teens in this sample, with possibly accompanying low levels of

cognitive development, the role of depression in problem behavior, and the possible effect of changing schools.

Factors specified in Jessor's model but not assessed in this study include parents' educations, occupations, religious practices, and beliefs; and the influence of the media and friends other than the male partner.

As a guide to this research, Jessor's model suggested that the interaction of the teen herself with various aspects of her relationships with her family and male partner may increase the teen's proneness to engage in sexual activity. Information pertinent to these variables and their possible role in generating teen pregnancy was found, but not always in the direction suggested by Jessor's research. Jessor and others have noted that the model may need the addition of further variables; at present, it accounts for only a portion of problem behaviors (Jessor, 1984; Chilman, 1980; Hamburg, 1986).

Factors found in this study which might be incorporated in Jessor's model to help it better explain teen pregnancy include level of cognitive development; presence of depression or other mental health issues; the set of teens' attempts to adapt and belong to the larger social system, including academics, athletics, and heterosexual relationships; and the motivations and restraints in the male partner's personality and social systems which influence his proneness to engaging in problem behavior. The family's desire to nurture its young, as well as its actual ability to do so, seem to be relevant to the model. Factors within the school setting and its success in meeting individual needs may relate to the onset of problem behavior, and would seem to be

as relevant as the motivation and ability the individual brings to the school.

One of the most important aspects of Jessor's model as well as of the findings of this research is the suggestion that there is probably an interaction among variables which increases the proneness of a young teen to engage in inadequately contracepted sexual activity. This should remove the singular historical focus from the teen herself; future research and prevention efforts must consider large social systems. Such efforts will be complex conceptualizations with multiple foci, gathering data about many inter-related factors from a variety of interlinked sources.

CHAPTER V

DISCUSSION AND RECOMMENDATIONS

Introduction

The findings of this research parallel to some extent the information found in the literature, with some noteworthy exceptions. This section will focus upon those exceptions and will also make recommendations for further research and potential solutions to the problem of teen pregnancy.

The "Myth" of Disengagement

From a reading of the literature about pregnant teens, one would conclude that they are poor students with low self esteem, uninvolved in life in general. Their prospects, according to the literature, with the possible exception of Furstenberg et al. (1987), are likely to entail dropping out of high school and living on the periphery of society supported by Welfare for the foreseeable future.

The literature frequently suggests that pregnant teens come from families that have never quite "made it," often because of too-young childbearing themselves, which is then exacerbated and perpetuated intergenerationally by low levels of education and inadequate vocational training.

The literature has a tendency to emphasize norms of aggregates, rather than to know the uniqueness of which it speaks. This study sought to preserve the uniqueness of each pregnant teen, and in doing so seems to have affirmed Vincent's belief that there is "no typology " of the pregnant teen (1961).

Another reason the picture portrayed in the literature appears to be so bleak relates to the fact that most of the studies are retrospective, in the sense that they report what the pregnant teens did in response to their pregnancies, rather than what they hope to do, and what they think they will do. While the teens in this study may plan to continue in school, for instance, many things can happen to prevent that. Perhaps whether they actually are able to carry out their intent will be as much a measure of the quality of support available to them, as it will be of their own resolve and commitment.

As difficult as some of this sample's pregnant teens' stories are, there is reason for hope. This study not only looked for significant trends and themes in their stories but also attempted to identify and preserve the strengths and uniqueness of each of the pregnant teens interviewed. It is in these unique areas where the reason for hope is found, for each of the pregnant teens revealed some of her dreams and strengths. With appropriate support, the lives of many of the teens in this sample need not be destroyed by the experience of too-early childbearing.

Nine of the teens in this study hope to finish high school, and five plan to study beyond that. These students describe themselves as fair, good, or excellent students, and even the ones who do less well state that they can do well when they are interested in the subject at hand and don't feel distracted by the dysfunction at home.

Seven of the pregnant teens participated in some form of sports; two of them had basketball scholarships to private schools. Four of them babysat.

Somewhat supportive of their intent to complete high school is the fact that the nine who want to finish have made plans for child care after the baby is born. While most of them are relying on family, which in some cases is none-too-stable, they are making plans consonant with the goal they hope to achieve.

These teens are not marginal, nor are they disengaged. They reveal awareness of the difficult tasks ahead and a realism often beyond their ages as they try to make plans to overcome some of the barriers to their dreams in a world which often doesn't recognize their existence, and which may effectively deprive them of the skills and preparation they need to care for their families, all because of their too-early childbearing.

Alternative School Programs for Pregnant Teens

Eight of the girls in the sample had changed schools at least once in the previous year, three before they became pregnant, and six as a response to the pregnancy (five went to alternative schools; one changed schools twice).

All five of the girls in alternative school programs for pregnant teens shared the perception that they liked the alternative school much better than their regular school, and some reported that they liked school for the first time in their lives. Since this was a incidental finding of this research, and not a research focus about which data was purposely collected, it was not determined what in particular the pregnant teens liked about the alternative school. However, it was clear beyond a reasonable doubt that the teens perceived some

differences between the alternative school and their "home" schools, and that in these differences lie the reason school has become more appealing to them.

The alternative schools' programs are usually designed with the pregnant teens in mind. Besides normal high school curricula, these schools usually provide counseling; social service advocacy; health education specific to pregnancy, parenting, and child raising; day care for the newborn infants on the premises; and peer support. It is not known which, if any, of these opportunities available in the alternative school are the factors resulting in the pregnant teens' appreciation of school. It may simply be that the alternative school provides an escape from the usual environment.

What is important to note is that formerly disaffected students in this sample <u>like</u> to go to the alternative school. A study of the unique characteristics of the alternative school and the teens' perceptions of what they like about the alternative school, might be quite revealing. If the characteristics of the alternative school that have finally made school appealing to these students were incorporated into their regular schools, would there be a preventive effect on the teen pregnancy rate?

The second thing worth noting about the alternative schools is that teens are usually forced to return to their "home" schools within six months of the birth of the baby. This policy may be counterproductive. It would seem that changing schools would be a destabilizing influence on many teens, resulting in temporary disorientation and alienation, and possibly even a contributing factor to further pregnancy proneness. For some of the teens, the return to

the "home" school would be the second change of schools within a year. What point is there in keeping them in school during pregnancy, only to return them to a less supportive setting at a time when they most need support?

It might make more sense to recognize teen mothers as students with special needs, because they have a greater barrier to obtaining an education--their obligation to care for their children. This would present to society a triple opportunity--education for the teen parent and an opportunity for early intervention in the form of educational enrichment for their children, as well as hands-on time in which staff and parents can interact to develop parent skills while practicing with their own children.

If teen parents were allowed to go to a school that they liked, what would be the effect on the high school completion rate?

The Role of the Maternal Grandmother

As the pregnant teens shared their perceptions, there was frequent mention of the maternal grandmother. Since this phenomenon also was an incidental finding, data was not collected specifically about it. Since teens were not specifically asked about their grandmothers, it is not known what kind of relationships the other subjects had with their grandmothers, except for Paula, whose maternal grandparents have refused to see her since she was abandoned by her mother.

Two of the teens were living with their grandmothers at the time of the interviews. Three others saw their maternal grandmothers almost daily. Another teen's grandmother had died seven months previous to the

interview. The teen and her boyfriend travelled to the city of the funeral, where they stayed at an aunt's house overnight; it was there that she believes she became pregnant. All six of these teens said that they felt close to their grandmothers.

It is unclear what role the maternal grandmother played in the lives of these teens, other than that all of the teens saw her as a supportive figure, someone who was always there for them. It may be that grandmothers can provide a kind of unconditional love in a way that mothers cannot. Perhaps grandmothers are more able to provide simple caring, no longer having to worry about many of the issues of young adulthood and parenthood. In light of the large number of apparently dysfunctional families in the study, perhaps the grandmothers stepped in when their mothers' resources were overdrawn, thereby relieving family tension.

Whatever the reason, the frequency with which the grandmother was mentioned and the esteem in which the teens all held their grandmothers was remarkable. Perhaps further research can illuminate the role of the grandmother in the family, particularly in the family of the pregnant teen. Whether this role could be related in any way, positive or negative, to the occurrence of teen pregnancy remains to be seen.

Unhealthy Relationships

Another finding of this study to which no corresponding reference was found in the literature was the fact that many of the teens described a high amount of tension in the relationships with their boyfriends. It is not surprising that the relationships became fraught

with tension when the pregnancy was discovered and various problems had to be rapidly dealt with, but four of the teens described very tense relationships prior to becoming pregnant. In fact, two of the teens had broken up with their boyfriends by the time they discovered that they were pregnant.

What made the relationships so tense? All of the teens described their relationships as initially "good." Why did the teens continue to have sex in relationships that were becoming inherently unsatisfactory?

It seems possible that some of the tension could have been due to the issue of being sexually active in itself with the developmental implications that would entail. It might also cause the issue of pregnancy to be raised at least to some extent, along with the awareness that <u>something</u> should be done, coupled with the perception that there might be no one neutral to turn to for help. It also might reflect an inherently discordant relationship which the teen was trying to "bargain" away to avoid breaking up. Another possibility might be that the teens have poor relationship skills resulting from their immaturity and/or learned within their dysfunctional families.

Whatever the reason, these teens were not oblivious to the faults of their relationships but attempted to stay connected, possibly using sex as a bargaining chip. Whether the pregnancy is a further attempt to remain connected is open to conjecture as well.

It may be the case that many teens' relationships are fraught with tension, yet they continue to remain available sexually and in other ways. This may be an issue for inclusion in sex education, health education, or high school psychology classes, where content related to

healthy relationships might be presented in an attempt to "undo" some of the negative learning they have been exposed to at home.

Co-Existence of Other Problem Behaviors in the Male Partner

None of the literature about the male partners of pregnant teens noted any frequencies with which the male partners used alcohol or had problems with the law. According to Jessor, problem behaviors tend to occur in "constellations" (1984) or clusters. Persons who are taking chances sexually are more likely to abuse drugs or alcohol, for example. Similar sets of forces of relative strengths are operative in the person and result in proneness to engaging in a variety of problem behaviors.

Three of the male partners in this study had problems with alcohol according to the pregnant teens. Drinking predisposed all three of them to bursts of temper and violence, sometimes to the point where the police had to be called. One of them had been arrested several times for driving under the influence and hitting a police car, resulting in a jail term. Two of the girls with alcoholic male partners had fathers or stepfathers who also had problems with alcohol.

It is possible that many teen relationships, where one or both of the teens are from dysfunctional families, are also characterized by substance abuse and sex without true intimacy. The literature describes the relationship of the pregnant teen as no different from other male-female relationships (Bolton, 1980). Yet all relationships are not like the ones described by the pregnant teens in this study. The inconsistency and unpredictability of many of these relationships, instead of providing the love and security which many of these girls so

desperately need, are threatening, depersonalizing experiences which probably increase their anxiety levels and fuel further relationship dysfunction.

Family Support for the "Pregnant Couple"

It was not an intent of this study to investigate how families cope with teen pregnancy. Yet as the teens shared their perceptions of their families, information about how their families coped with the news was inevitably gathered.

Four of the pregnant teens' families were working with the families of the male partners to resolve some of the problems generated by the pregnancy. While each situation was different, the families were helping in many ways.

In two families where the young couples were too young to drive, the families were helping the teens prepare for the baby and continue their contact with each other. One mother was insistent that her daughter date others before making a commitment to her boyfriend, yet both sets of parents cooperated in transporting the young couple to see each other, often taking them out to eat. The other family allowed the boyfriend to come to the home every Friday night and socialized with his parents. The families apparently felt that there was some value to be gained by keeping both families and the young couples on friendly terms, perhaps relating to their joint involvement in parenting the new infant.

Three other families rejected the male partner outright and refused to have anything further to do with him. The pregnant teens

remained in some sort of contact with him despite their parents' wishes; much conflict may arise over rights to see the infant when it is born.

Nine of the pregnant teens had been led to believe through some form of family communication that they could anticipate some kind of help from their families when the baby was born. This help ranged from a minimum of "moral support" to living at home with the possibility of child care in order to attend school. This seems to demonstrate that no matter how large the crisis, or how dysfunctional the family, there remains, in most cases, some commitment to help its members.

Birth Control Information and Practice

While some of the findings of this study came as a surprise, it was no surprise that all 10 of the sample said that they knew about sex, pregnancy, and birth control. Gilligan (1988) makes similar reference. The literature indicates that young teens in first sexual relationships are likely to contracept unreliably or not at all. Yet, even though it was not a central question of this research, there was a fair amount of enlightenment provided by some of the girls in this sample as to why they did not use birth control reliably.

Lisa had been on the Pill for over a year while she was sexually active and began not feeling well. She attributed her malaise to the Pill and decided to stop taking it. She did not want a diaphragm because she hated "sticking things up there," a phenomenon possibly related to her history of rape and incest. Her boyfriend refused to use a "rubber." She did not return to Family Planning for more advice,

although she did tell her mother that she planned to stop the Pill. She soon became pregnant.

Patty's older sister suspected that Patty was sexually active and offered to take her to the Family Planning Clinic. Patty was pregnant before the day of her appointment. The mother and daughters in this family had several open discussions about sex, pregnancy, and birth in general, yet Patty did not want to ask her mother for help.

Linda and her boyfriend used condoms successfully for three months. Then her boyfriend told Linda, "I want a kid." So Linda agreed to sex without protection. She says she thought she would not get pregnant.

Debbie used condoms successfully with her present boyfriend and her previous boyfriend. But one time she and her boyfriend wanted to have sex and had no condom, so they decided to take a chance. Prior to this, Debbie ascertained many times that her boyfriend would stay with her if she should become pregnant.

Tina, pregnant twice in the previous year, thought that she was very conscientious about using a condom. Her relationship with her boyfriend was becoming very tense, and Tina talked about breaking up. One night after sex, her boyfriend said, "I've got you now. You can never leave me." In retrospect, when Tina realized that she was pregnant, she came to believe that her boyfriend had purposely used a defective condom in order to get her pregnant and prevent her from leaving the relationship.

Maritza said she was not even sexually active when she took herself to a clinic for the Pill. She said she wanted to be on it for

fear of being raped. After some tense family interactions, she ran away to her girlfriend's house where she had sex with her boyfriend and became pregnant. She had left the Pills at home.

All of these teens were aware to some extent that they were chancing pregnancy. Many of them had a lot to lose in doing so, yet they did not effectively contracept. There are no new explanations for why teens have sex without effective fertility management emerging from this study. However, the stories above as to why birth control was not effectively used, even when the teen had not only information but experience as well, demonstrate that from the teens' perspectives, there are many explanations as to why they did not effectively contracept.

This is not to absolve teens of the need for responsibility, regardless of their psychosocial neediness or their perceptions for behaving in ways that turn out, by most measures, to be irresponsible. It is simply to increase understanding of a phenomenon which persists despite all efforts to prevent it. The need for responsible behavior and "self-regulation" (Irwin and Vaughn, 1987) is an idea whose time has come.

Dysfunctional Families--The Predominant Theme

One thread tracing through most of the girls' perceptions (at least eight) was the prevalence of family dysfunction. Only two of the teens, Debbie and Laurie, lived in intact families, and they both gave evidence of home tensions that may have played a part in their pregnancies.

The teens described a wide variety of incidents that most people would want to escape but in which they were relatively powerless. The old and popular suggestion that teens get pregnant in order to get out of an uncomfortable home situation, or at least rework it more in their favor, may be applicable here. While 7 of the pregnant teens plan to live at home after their babies are born, becoming a parent may result in a change in others' perceptions of them.

Bolton (1980) noted that becoming pregnant may be an "adaptive utilization" of the limited power available to them within the family. Fox (1981) stated that the baby may compensate for the family's lack of love for the daughter and may create a sense of independence which forces a renegotiation of her relationship with the family. Furstenberg reported that becoming pregnant did, in fact, elevate the status of the young mother and resulted in her perceptions of being treated with increased respect and more "like a woman" (in Ooms, 1981, p.155).

Furstenberg further noted that many adolescents remain in the parental home after the birth of their babies, and the presence of the young family often strengthened family cohesion. He hypothesized that the daughter might let herself get pregnant "as her contribution to family purpose and unity" (p. 121). Certainly many of the families (7) had experienced loss of family members; in some cases the newborn may represent the daughter's "replacement offering" to her mother.

Conclusions

The size of this sample was small--ten pregnant teens, yet a great deal of information was gathered about young pregnant teens' perceptions

of themselves and their relationships with their families and male partners. While the findings are not generalizable to the population of pregnant teens, the smallness of the study allowed for a process of data analysis which retained the uniqueness of each of the participants.

Referring to the tables of data prepared for this study, if many aspects of the data were to be normed, this sample would look very much like the samples of so many other studies. For example, academically speaking, the students would be described as fair. Students who plan to go to college would be averaged with those who drop out of high school in the 9th grade, and the sample would appear to be disinterested in education.

What about the two "A" students? What about the students who want to go to law school and medical school?

The problem isn't simply that norming the data makes the individuals unrecognizable. The problem has wider consequences in the fact that much of the data are used to support policy formation and program development. If we assume that pregnant teens are mediocre students with low self esteem who will probably drop out of high school and subsist on Welfare, as the literature depicts, what kind of response might be developed to the issue of teen pregnancy? Would that not be a different kind of response than the one that would be developed for good students who planned a future and who were capable of learning, except for the need to balance further learning with the need to care for a child?

Addressing the issue of teen pregnancy requires at least a dual focus. Whenever possible, teen pregnancy must be prevented. The costs

to all concerned are simply too high. The nature of teen pregnancy is that it is the result of human needs for affection, recognition, and belonging that are too frequently unmet in today's social structures.

The pressures upon the American family coupled with the erosion of traditional supports for healthy behavior indicate that the plight of America's children may be even further namelessness and normlessness, followed by more misguided attempts to meet their own needs. While perhaps no cause-and-effect relationship can ever be established between family dysfunction and teen pregnancy, many studies have noted that teen pregnancy and family dysfunction are usually found together.

Any attempt at teen pregnancy prevention must incorporate attempts to support the healthy functioning of the family. Supporting the healthy functioning of the family is a job for everyone--economists, politicians, educators, health and social service personnel, and the ministry. It is much too large a proposition to be detailed here.

Secondly, attempts must be made to "immunize" young people to decrease their susceptibility to sexual activity in general and sex without protection in particular. First, their homes must be pleasant places where the parents are people whom they respect and love. Second, schools must truly be places of learning and development of human potential, places where they <u>like</u> to be.

Third, society must place its priority on the health and wellbeing of all people and not simply on material success, quick profits, and vicarious thrills. There must be no doubt as to what is healthy and contributory to people's wellbeing, as well as to what erodes and

degrades the human spirit. That which is counterproductive ought to become unavailable.

Then there must be sex education for all young people in the context of healthy relationships. They must have a chance to witness such relationships and be so affirmed that they would only accept that kind of relationship for themselves. When all this happens, there may be some in-roads into the problem of teen pregnancy.

Until society cooperates to produce such a Utopia, society must be willing to provide quality services for pregnant and parenting teens. Services for pregnant teens must address not only the needs generated by being a pregnant, and then a parenting teen, but must also recognize the teen as a unique person, a person worthy of being developed. Her ability to learn has not changed; but there is now the need to care for her child, a need which can not be met within most inflexible high school systems.

Programs for teen parents, perhaps offered in the form of the alternative school of which the pregnant teens spoke so highly, could incorporate curricula that would be both practical and stimulating. The program could also offer health and social services, family life education, day care, and transportation. Teens would not be required to leave this setting six months after the birth of their babies but would be aggressively encouraged to remain until a high school diploma is earned. Higher education would be encouraged and facilitated by the alternative school.

The teen father's educational and vocational needs must also be recognized and met. According to Stengel (1985), the Ford Foundation

has supported programming which has been astonishingly successful in enabling young men to become dependably employed and to keep their commitments to their female partners and their children. Such programming is not only an effective response to teen pregnancy but is an excellent example of the kinds of efforts needed to support healthy family function.

Suggestions for Further Research

The possibilities for further research seem endless. As suggested by Jessor's model and the findings of this research, such efforts must be complex conceptualizations of the problem of teen pregnancy.

Jessor's model seems to be the closest formal conceptualization relative to teen pregnancy. However, it seems to lack variables which may be relevant to teen pregnancy, and other variables may be imprecisely conceptualized at present. Research is needed to identify the variables which ought to be added to the model, as well as vigorous discussion toward a consensus about the meaning of each variable and ways to measure them. The present study could be expanded by interviewing pregnant teens about all of the factors in the model, or perhaps combining a variety of data collection and analysis methods to gain a richer understanding of the factors operative in teen pregnancy.

Jessor's model might perhaps serve as a basis for a battery of data collection methods aimed at targeting teens most at risk for becoming pregnant, and then offering specific intervention efforts with close monitoring of their effectiveness in reducing teen pregnancy rates.

The findings of this research suggest that the alternative school is preferred by these pregnant teens. All of the students enrolled in an alternative school for pregnant and parenting teens stated they actually liked to go to school, some for the first time. Two questions emerged from this finding: what is it about the alternative school that is so appealing, and if traditional high schools could embody this trait, would teens like school so well that it would serve as a preventive force in teen pregnancies?

The role of the grandmother in the family was noted by several of the subjects in the sample. It might be useful to gain an understanding of the function of the grandmother in the family, particularly as it relates and compares to the role of the mother.

The grandmothers noted in this study were all maternal grandmothers. Was this a coincidence, or do the roles of the maternal and paternal grandmothers differ in some way?

Further information is needed about the love relationships of adolescents. Many of the teens in this sample testified that their relationships were tense before the pregnancy was discovered. What was the source of the tension? Why were they still having sex in a relationship which was becoming so difficult for them?

Can the relationship between the dysfunctional family and teen pregnancy be precisely specified? What kind of nurturing seems to be most effective in producing teens who are relatively less prone to becoming pregnant? Can such nurturing be taught? If so, perhaps early intervention programs for teens at high risk for becoming pregnant could

also address the parents of the high risk teens, assisting them with developing appropriate nurturing skills.

These and other questions might be fruitful areas for further inquiry toward the goal of understanding the teen who becomes pregnant, and toward the goal of eventually preventing pregnancies, particularly in very young teens.

APPENDICES

APPENDIX A

LETTER TO PARENTS

Dear Parent:

I am a nurse who has been working in the area of teen pregnancy for several years. I now teach student nurses at Edinboro University of Pennsylvania, and am studying for a doctoral degree at the University of Massachusetts. As part of this degree, I am working on a project about teen pregnancy.

Your daughter is invited to participate in my research project about young pregnant teens' perceptions of themselves, their families, and their male partners.

If you decide that she may participate, and she is also willing, I will soon be talking with her at school. She will know ahead of time when I am coming to the school. When I meet with her, I will introduce myself to her, tell her about this project, and answer any questions she may have so that she may decide for herself if she wants to participate. If she is willing, I will ask her to sign a consent form like the one I am sending you, and we will then talk for about an hour. Our discussion will focus on herself, her family, and her male partner.

If you and your daughter allow it, I will tape-record our discussion so that I will not forget what is said. Your daughter's name will not be used on the tape, or in any transcripts or reports of this project. Tapes and transcripts will be destroyed at the end of this project. Everything your daughter and I discuss will be kept confidential, and will be used only for the purposes of this study. Your privacy will be protected in every way.

Your daughter's participation in this project is voluntary, and will not affect her school standing. I hope that she will be willing to talk to me, since I think that this project will help us to better understand and help pregnant teens.

If you or she would like more information about any aspect of this project before you make your decision, I will be happy to talk with you. Please return the enclosed form with your phone number, and I will phone you to discuss it further.

If your daughter is willing to participate, please read and sign the enclosed consent form, place it in the stamped, self-addressed envelope, and place it in the mail. I will then make an appointment to meet with her at school. Thank you for your help.

Sincerely,

Jeanne Weber RN, CS, MS

APPENDIX B

PARENT'S CONSENT FORM

Please check the line which applies.

___ My daughter may participate in this project. I have read the attached letter, and I understand that Mrs. Weber, a nurse, will talk with her for about an hour during a school day soon about her perceptions of herself and her family and male partner. I also understand that my daughter can withdraw from the study at any time if she so desires. My daughter's right to privacy will be protected at all times. Her name will not be used on any tapes, written summaries, or reports of this project. Information given will be used only for the purpose of this study, and any tapes and written summaries of interviews will be destroyed at the conclusion of the study.

---- I would like more information about this project before I decide to allow my daughter to participate. (Please add your phone number below your signature, and Mrs. Weber will phone you with further information).

____ No, my daughter may not participate in this project.

_____

(Parent signature and date)

Thank you for your help. Please place this form in the stamped, self-addressed envelope, and place it in the mail.

APPENDIX C

SUBJECT'S CONSENT FORM

Agreement to Participate in Research Project

Please check the line or lines which apply.

____ I would like to participate in the study. The study has been described to me, and I understand that Mrs. Weber will meet with me for about an hour during the school day to discuss my perceptions about myself, and my family and male partner. I understand that this interview will be tape-recorded. I understand that I can withdraw from the study at any time if I so desire. Any information I disclose will remain confidential, and my name will not be used on any tapes or written summaries of the interviews. I understand that this information will be used only for the purposes of this study, and that any tapes and written summaries will be destroyed at the end of the study.

____ I am willing to participate as above, but please do not use the tape recorder.

____ I do not want to participate in this project. I understand that my school standing will be unaffected by this decision.

_____

(Signature and date)

Thank you so much for your help!

APPENDIX D

ORIGINAL QUESTIONNAIRE--LONG FORM

DEMOGRAPHIC DATA

Name: Age: School:
Grade: GPA: Special Ed.?
Length of time at present address:
Mother: Age: Education:
Age at birth of first child: Occupation:
Father: Age: Education:
Age at birth of first child: Occupation:
Parents married____; divorced____; remarried____.
Student lives with_____.
Siblings (sex and ages)_____.
Siblings in home _____.

YOURSELF

1. How would you describe yourself?
2. Can you tell me about your interests, hobbies, skills, and talents?
3. How would you describe your usual mood?
4. What have been some of the most important things that have happened to you?
5. How are things in school?
6. Where do ideas about God or religion fit into your life?
7. At what age do you (did you) plan to leave home?
8. What were your future plans before you became pregnant?

FAMILY

1. How would you describe your family?
2. Please describe any major changes that have happened recently in your family?
3. How do you think your mom/dad feels about you? Any difference now that you are pregnant?
4. How do you feel about your mom/dad?
5. In what ways can you count on your mom/dad? What can you not count on them for?
6. What would you say is the usual mood in your home?
7. How and where do you spend most of your out-of-school time?
8. What do you think is the chief pride of your family?
9. How does your family have fun?
10. How did your family deal with the discovery that you were pregnant?
11. How do people in your family show feelings such as happiness, anger, sadness, love?
12. In what kinds of circumstances do people in your family touch each other?
13. Have you ever considered running away from home?
14. In what ways do you want to be like/unlike your parents?
15. How are you disciplined? How has this changed over the years?
16. Who or what has been the best source of sex information for you?

17. Can you describe your family's use of drugs or alcohol?
18. Can you remember any times that you or a member of your family had any trouble with the law?
19. What happens when your family is short of money?
20. What role does religion or ideas about God or a higher power play in your home?
21. What does your family think about education?
22. Who would you most like to be like, and why?

MALE PARTNER

Demographic information:
Age: Grade (or number of grades completed):
Graduated or dropped out? Special Ed.?
Working? Living arrangements:
Parents: Married____; Divorced ____; Remarried ____.
Siblings (number, ages, sexes):
Mother: Age: Education:
Age at birth of first child: Occupation:
Father: Age: Education:
Age at birth of first child: Occupation:

1. How would you describe your boyfriend (father of the unborn child)?
2. Please describe your boyfriend's mother/father.
3. How do you think they feel about your boyfriend?
4. How does your boyfriend feel about them?
5. What are his main interests or hobbies?
6. When and how did you meet him?
7. What do you think attracted you to each other?
8. Has he had other girlfriends before you?
9. Are you planning to stay involved with him? Why/why not?
10. What is it like being with him?
11. What kinds of things do the two of you like to do best?
12. What would you miss most/least if you were to break up with him?
13. Is he your first boyfriend? First sexual partner? As far as you know, are you his first sexual partner?
14. At what point did you decide to have sex with him?
15. Did you actually decide to have sex, or did it seem to just happen?
16. Cab you recall the circumstances around the time that you began to have sex with him?
17. What things did you consider when you began to have sex with him?
18. Did you tell anyone that you were having sex? What was his/her response?
19. How comfortable would you be telling him you didn't don't want to have sex? How do you think he would react?
20. Can you remember any discussions the two of you might have had about sex, birth control, having a family? What was his point of view, and what was yours?
21. How did you choose a birth control method, if any?
22. In general, which of you seems to be the "leader" in the relationship?
23. Has he ever "made" you do anything you didn't want to do?
24. Have you ever tried to make him do anything he didn't want to do?

25. Can you recall any things the two of you have argued about? How did it turn out? How do you settle differences between you?
26. Has he ever hurt you in any way? Do you remember what happened?
27.Are there any subjects which the two of you seem to be unable to talk about?
28. How has he reacted to your pregnancy?
29. How do you think your pregnancy will affect him?
30. What are his goals in life? Has this changed since your pregnancy?
31. In general, what kind of mood is he usually in? How can you tell?
32. What is his relationship to your family? Has it changed since your pregnancy?

APPENDIX E

INTERVIEW SCHEDULE

Young Pregnant Teens' Perceptions of Themselves, and Their Relationships With Their Families and Male Partners

A. Demographic Data:
Age, school, grade, GPA, general information about home, parents, siblings, extended family, parents' educations and occupations, marital status.

B. YOURSELF
1. How would you describe yourself?
2. What are the most important things in your life?
3. How do you feel about life in general?
4. What do you foresee for your self in the future?

C. FAMILY
1. How would you describe family life at your house?
2. Please describe the feelings and support between you and your family.
3. What seem to be the chief values in your family, and how do you feel about them?

D. MALE PARTNER
1. How would you describe your boyfriend?
2. What seemed to attract you to each other?
3. Please describe the best and the worst things about your relationship with him.
4. How has your pregnancy affected your relationship?
5. What were the circumstances in your relationship when you began to have sex?
6. Are there any things that you would like to change or add to your relationship?
7. How do you and he fit into each other's families?

APPENDIX F

MANUAL FOR DATA ANALYSIS

Phase I - Sorting

I. Goal: The goal of Phase I of data analysis is to sort all raw data into the most appropriate of the five categories identified below.

II. Procedure:

A. Supplies:

One transcript each of ten interviews

Highlighters, one each in pink, blue, and yellow; and a red pen (included in packet)

B. Process:

Three broad categories are indicated by the areas covered by the ten interviews:

1. Young pregnant teens' perceptions of themselves (e.g.,references to themselves,and their preferences and goals).
2. Young pregnant teens' perceptions of their families (information about members and their interactions).
3. Young pregnant teens' perceptions of their male partners (information about their male partners and their interactions with them).

Most of the raw data will pertain to one of these categories. However, some of the data may refer to more than one of the above categories, and some of the data may fit into none of the above categories. Two additional categories have been created for these data. Data which pertain to more than one of the above categories, i.e. data which discuss self and family simultaneously, for example, are to be assigned to the category designated as "mixed"; data which pertain to none of the above categories are to be assigned to the category designated as "residual."

Please read the transcripts mindful of these categories, sorting the information contained in the interviews into their appropriate categories by color-coding relevant data with the appropriate colored highlighter as indicated here:

1. pink for data relative to the teen herself;
2. blue for data relative to her family;
3. yellow for data relative to her male partner.

Please underline in red all data which fits into the "mixed" category. Data which fits none of the previously mentioned categories may be left unmarked. When all data have been sorted, please return the highlighted transcripts to me.

ANALYSIS OF RAW DATA

Phase II - Combining Sorted Data into Categories

I. The goal of this phase of data analysis is to remove data sorted by the reviewers in the previous step from their original context, and place them in their respective categories for further analysis.

II. Procedure:

A. Coding

The principal researcher will assign a code number to each item within the data. An "item" refers to a complete transaction between the subject and the researcher about a specific topic occurring during the interview process, as found within the transcripts of the interviews.

The code number will have three parts, for example, 1/3/s. The first number refers to the number of the interview in which the transaction occurred; the second number refers to the numerical order of the item within the particular interview; and the last letter refers to the category, "self," to which the item was assigned by the majority of the reviewers in Phase I of data analysis.

B. Reviewer agreement

The principal researcher will then review the transcripts color-categorized by each of the reviewers. The category to which each item was assigned by each reviewer will be recorded and counted on a tally sheet; items will be assigned to the category designated by 75 percent or more of the reviewers. Items with less than 75 percent agreement among the reviewers as to category placement will be placed in the "residual" category.

C. Categorization

The principal researcher will then "lift" the coded data from their contexts, and recombine them in the appropriate category, ordered first by the number of the interview in which an item occurred, and then by the numerical order of the item within a particular interview. At the conclusion of this step, all items of data will be placed in one of the five categories for data; e.g., all items of data pertaining to the young teen herself will now be found under the category "self," and so forth until all items are removed from context and placed in their respective categories.

To manage the data, the items will be arranged in their categories by their code numbers on the pages of a magnetic photo album. The pages will then be photocopied into sets of categorized data and returned, along with the original interview transcripts and instructions for Phase III of data analysis, to the reviewers.

ANALYSIS OF RAW DATA

Phase III

Identifying and Summarizing
The Perceptions of Young Pregnant Teens About
Themselves and Their Relationships with
Their Families And Male Partners

I. Goal: the goal of this phase of data analysis is to cull from the categorized data the answers to the questions in the Interview Schedule, thereby identifying the perceptions of these young pregnant teens, as evoked during the interviews, about themselves, and their relationships with their families and male partners.

The operations of this phase of data analysis will be conducted by the same group of people who assisted with the first phase of data analysis.

II. Procedure:

Supplies:

In this packet, you will find:
One set of interview transcripts in the original format which you color-categorized in Phase I.
One set of interview transcripts which are numerically coded and categorized.
Four-page form for recording findings.

Instructions:

In the blue folder are data sorted into categories related to self, family, male partner, mixed (for data overlapping any two or three of the preceding), and residual (for data belonging to none of the preceding categories).

Each item of data has been coded (e.g., 1/1/s; 2/15/mp). The first number of the code is the number of the interview in which the item originally occurred. The second number of the code is the numerical order of the item as it occurred within the original transcript. The letter(s) refers to the category to which the majority of reviewers assigned the item in the first phase of the review process (s=self; f=family; mp=male partner; m=mixed; r=residual).

There is no longer continuity in the flow of the categorized data, since data have been "lifted" from their original context and placed into their respective categories. Therefore, the original transcripts are included in this packet, with each item of data assigned a code. In order to interpret the meaning of a particular item of categorized data, and therefore its relevance as a response to the questions on the Interview Schedule, you may need to refer to the item as it occurred in its original context. Simply note the code to the left of the item, go

to the interview indicated by the first number of the code, and locate the transaction indicated by the second number of the code.

The enclosed form (next page) is to be used for recording the responses to the interview questions. The fourteen interview questions are organized by category: self, family, and male partner. Below each question is a grid of ten boxes. Each box is numbered in the upper left-hand corner from 1 - 10. These numbers correspond to the numbers identifying the interviews (Interviews 1 - 10).

To identify the responses to the interview questions listed on the form, read through the categorized responses until you find the answers (you may need to refer to the original context in order to interpret the response and determine its fit). Please summarize the answer in the appropriate box.

The categories "mixed" and "residual" appear to contain data which may help to answer some of the questions, but which were not judged by most of the reviewers in the initial review process as applying strictly to the three main categories, self, family, and male partner. This data is to be used for answering the interview questions in the same manner as is the data from the other categories.

When you have finished the steps in Phase III, please return the completed forms to me as soon as possible. Thank you!

DATA ANALYSIS FORM

Phase III

Summaries of Teens' Responses to the Interview Questions

SELF

1. How would you describe yourself?

1.	2.	3.	4.	5.
6.	7.	8.	9.	10.

2. What are the most important things in your life?

1.	2.	3.	4.	5.
6.	7.	8.	9.	10.

3. How do you feel about life in general?

1.	2.	3.	4.	5.
6.	7.	8.	9.	10.

4. What do you foresee for the future?

1. 2. 3. 4. 5.

6. 7. 8. 9. 10.

FAMILY

1. How would you describe family life at your house?

1. 2. 3. 4. 5.

6. 7. 8. 9. 10.

2. Please describe the feelings and support between you and your parents.

1. 2. 3. 4. 5.

6. 7. 8. 9. 10.

3. What seem to be the chief values in your family?

1. 2. 3. 4. 5.

6. 7. 8. 9. 10.

MALE PARTNER

1. How would you describe your boyfriend?

1. 2. 3. 4. 5.

6. 7. 8. 9. 10.

2. What seemed to attract you to each other?

1. 2. 3. 4. 5.

6. 7. 8. 9. 10.

3. Please describe the best and the worst things about him and your relationship?

1. 2. 3. 4. 5.

6. 7. 8. 9. 10.

4. How has your pregnancy affected your relationship?

1. 2. 3. 4. 5.

6. 7. 8. 9. 10.

5. What were the circumstances when you began to have sex? (ex. length of dating, communication, feelings, setting, etc.).

1. 2. 3. 4. 5.

6. 7. 8. 9. 10.

6. What would you like to change most about your boyfriend or relationship?

1. 2. 3. 4. 5.

6. 7. 8. 9. 10.

7. How do you and he fit into each other's families?

1. 2. 3. 4. 5.

6. 7. 8. 9. 10.

ANALYSIS OF RAW DATA

Phase IV - Answering the First and Second Research Questions

Goals:
1. Determine the degree of reviewer agreement about the subjects' answers to the questions on the Interview Schedule.
2. Answer the first research question by identifying the perceptions of young pregnant teens as told to the researcher during the interview process, and as summarized by the reviewers during the data analysis process (Phase III) on the forms provided for this purpose.
3. Answer the second research question, what commonalities and differences exist among young pregnant teens' perceptions of themselves and their relationships with their families and male partners?

The operations of this phase of data analysis will be conducted by the principal researcher.

Process:

A. General

The data to be analyzed in this phase of data analysis consists of the fourteen research questions, and ten responses to each question as summarized by each of five reviewers (14X10X5 =700 pieces of data to be processed).

A format was developed to collect the reviewers' summaries of young pregnant teens' perceptions of themselves, and their relationships with their families and male partners. This format consists of one page for each interview question. The interview question titles the page. Below the title are five vertical columns, one for each reviewer's summaries. Along the left margin are numbers 1- 10, to denote the ten interviews (sample form attached, next page). The modal response and unique response(s) will be identified at the bottom of the page.

B. Calculating reviewer agreement

Each summary will be recorded by the principal researcher in the appropriate box. From this matrix, reviewer agreement will be calculated by comparing the reviewers' summaries of the responses to each question by interview number for similarity of meaning. Responses which are similar in meaning will be considered to be in agreement; dissimilar responses will be considered to be in disagreement. The number of similar responses will be recorded in the right hand margin as a numerator, over the number of total responses as a denominator.

Because there potentially could be no agreement among reviewers, this column along the right hand margin has five subdivisions, one to accommodate each of the five potentially dissimilar responses. Thus, if three reviewers responded similarly, and two reviewers' responses matched neither the first two responses nor each other, agreement would be recorded as 3/4, 1/4, and 1/4. Only the first fraction of the three preceding fractions will be used to calculate agreement; the actual number of responses in agreement per item will be totaled, and divided by the number of total responses. If any given response is left blank, this will be subtracted from the number of total possible responses;

thus there will be no "penalty" for absent responses. Agreement will be calculated by item, by question, and across the data as a whole. A score for overall agreement will be calculated and expressed as a percent of total potential agreement.

C. Answering the first research question: What are the perceptions of young pregnant teens about themselves, and their relationships with their families and male partners?

This question will be answered by reviewing the summarized responses of the reviewers on the format described above, grouping those with similar content and themes, and listing the perceptions described by these young pregnant teens during the interviews.

D. Answering the second research question: What are the commonalities and differences among young pregnant teens' perceptions of themselves, and their relationships with their families and male partners?

The data to answer this question will be drawn from the form completed by the reviewers in Phase III. Similar perceptions will be noted across the interviews, as well as those which are unique to a particular subject. Frequencies will be determined for responses, thereby identifying those perceptions which the subjects shared, as well as those perceptions on which the subjects differed. Two or more similar perceptions will be considered a commonality, while unique perceptions will be considered differences. Particular attention will be given to the modal response, since it may indicate an issue experienced by most of the pregnant teens.

DATA ANALYSIS FORM

Phase IV

Category: Self

Question 1. How would you describe yourself?

	A.	B.	C.	D.	E.	1	2	3	4	5
1.										
2.										
3.										
4.										
5.										
6.										
7.										
8.										
9.										
10.										

Modal Response: Unique Response(s):

ANALYSIS OF RAW DATA

Phase V - Answering the Third Research Question

Goal: the goal of this phase of data analysis is to answer the third research question, which of the young pregnant teens' perceptions of themselves and their relationships with their families and male partners correspond to, or differ from, findings in the literature about factors related to teen pregnancy?

Process:

This phase of data analysis will be conducted by the principal researcher. The first step will be to refer to the summary of the literature review, extracting and listing findings identified by previous research as relating in some way to teen pregnancy. These previous findings will be combined to form a table, which will be compared with a table formed during analysis of data of the findings of the present research. Present findings which correspond to findings of previous research will be identified. Findings which may be unique to this study, to which previous references have not been made, will also be identified. All findings will be subject to further discussion in the appropriate section of this paper.

APPENDIX G

THEIR STORIES

Stephanie

Stephanie was a 15 year old eighth grader living with her mother and 10 year old half-sister. Stephanie's parents were divorced many years ago, and she has only seen her father twice in the last 4 years. Her mother has remarried and that remarriage is ending in divorce due to the alcoholism of Stephanie's step-father. Stephanie's mother is currently enrolled in a program to prepare her to do child care.

Stephanie had never really liked school until she enrolled in the alternative school for pregnant teens. However, she plans to drop out of high school to care for the baby, and plans to get a G.E.D. in the future. She had been active in sports until the pregnancy.

The family lives in an inner-city neighborhood plagued by violence and drug traffic. Stephanie says she is afraid all the time and prefers to spend most of her time at her boyfriend's house. She gets along well with his mother.

The day Stephanie met her boyfriend, she was sitting outside on the front steps, when a man drove by and asked her to go for a ride. She refused, so he got out of the car and sat with her on the front steps to talk. A little while later, her step-father came out and asked them to go for beer. They went for the beer, and have been dating ever since.

Stephanie described her boyfriend as a 27 year old manager of a fast food restaurant, a high school graduate who lived with his mother. She said he was good to her, and made her laugh; that he was trustworthy and took care of her. She described her relationship with him as a good one. The only problem is that sometimes he drinks.

Stephanie says they began to have sex almost from the beginning of the relationship. She said they never discussed birth control, even though she was aware she might get pregnant. He was not her first sexual partner, but she had never used birth control before and not gotten pregnant, and thought she would not get pregnant now. Besides, she added, "What if I were allergic to the Pill?" He had a son from another relationship, but that child and his mother had moved down South.

Stephanie's grandmother died four months after Stephanie met her boyfriend, and Stephanie and her boyfriend traveled to her grandmother's city and stayed with an aunt overnight, where Stephanie became pregnant.

Neither Stephanie nor her boyfriend were upset by the pregnancy, although she had hoped to wait until "later." He said he was pleased to be having another baby. He and Stephanie, now 7 months pregnant, planned to continue their relationship, but had made no concrete plans for marriage.

Paula

Paula, a 15 year old eighth grader, described herself as a fair student. She had recently returned home from foster care to live with her Dad; she has an older sister who is in jail for many incidents of stealing, the last time a car.

Paula and her sister were abandoned by their mother when Paula was five. They have been raised by their Dad, who "brought us up good." Paula has had only two phone conversations with her mother since she left, both initiated by Paula. Her maternal grandparents have refused to have any contact with the girls.

Paula's Dad remarried twice. Both times Paula and her sister felt displaced and acted out so much that her Dad is now twice-divorced. He is currently a single parent; several of his sisters live in the same neighborhood, and Paula says they all get along well together. One of the aunts is a few years older than Paula, and Paula says she is very supportive.

Paula has a history of major depression, acting-out, drug abuse, and suicidal ideation and attempts. She has been in and out of foster care and is currently a special education student. She has been in therapy for two years, and says that while she still has a great deal of anger over her mother's rejection, she now has more control over her feelings.

Paula likes to dance and "hang out" with her friends.

Last summer Paula was placed in a foster home 30 miles from her Dad's house where she met the 17 year old male partner with whom she conceived her pregnancy. He was from a family of 12 children, and decided, with the foster mother's approval, to move himself into the foster home where Paula was staying.

Paula said they had a lot of fun last summer, went places together, and ate out. She said they never slept together at the foster mother's house. In the fall, Paula was returned to her father's in the city to resume school. She and her boyfriend kept in touch over the phone and on occasional weekends when Paula would stay at her foster mother's. Paula said the relationship became increasingly tense and they "argued over the stupidest things." At this time, they began to have sex. They never discussed birth control.

Paula became pregnant around Christmas time. She and her boyfriend continued to fight, and Paula said it made her want "to kill herself everyday." She became self-abusive. She finally broke up with him in early February and found out soon after that she was pregnant.

She told her father, who told the foster mother, who told the boyfriend. He called and tried to get Paula to "go out" with him again. She said he had to get a job in order to take care of her and the baby. He refused. They had no further contact, but Paula heard that he had been bragging to his friends that he fathered a baby, and she thinks he just wants to "show off."

Paula, five months pregnant, plans to live with her Dad, and complete high school. She thinks one of her aunts will care for the baby.

<u>Debbie</u>

Debbie, a 15 year old 10th grader at a rural trade school, was 6 months pregnant at the time of the interview. Debbie said she's always loved school and has been a good student and active in sports. She said

she hoped to finish high school and study accounting on the college level. She was enrolled in a business course.

Debbie lived at home with her parents and 14 year old brother. She said things were "good" at home, except that her mother was very moody and unpredictable. She said that her parents had accommodated to the news of her pregnancy, and that they were helping her and her boyfriend to find an apartment. She described herself as usually in a good mood and optimistic about the future.

Debbie described her boyfriend as a 25 year old tree worker who dropped out of high school in the 9th grade and lived with his parents. They met 18 months ago and were casual friends for a few months before they began dating. They dated for several months before they began having sex. Debbie said she kept seeking reassurance that he would stay with her if she became pregnant. They used a condom consistently.

He was not her first boyfriend, nor her first sexual partner. She had dated another boy for a year before she met her present boyfriend, and they too had sex regularly, always with a condom. Debbie said he often pressured her for sex and wouldn't take "no" for an answer.

She said her current boyfriend was very respectful of her wishes, that they had excellent communication, and that they always were able to work out differences.

One day they wanted to have sex and had no condom. They decided to take a chance, and neither one was too surprised when Debbie became pregnant. Together they decided to tell her parents, who were initially upset, but rapidly became supportive.

Debbie is looking forward to moving into her own apartment and assuming responsibility for herself and her baby. She plans to accept her cousin's offer to care for the baby while she is in school.

Tina

Tina was a petite 15 year old tenth grader at the same rural trade school attended by Debbie. Tina was 3 months pregnant and had only recently told her mother and step-father about the pregnancy. She very seldom saw her biological father and said her step-father is her "real dad."

Tina's mother met with the school nurse about Tina's pregnancy and cried. She hated Tina's boyfriend, a twelfth grader at the same school, because of his alcoholism and troubles with the police, but also because in the 14 months he had been dating Tina, this was the third pregnancy. Tina had been forbidden to see him, but they still got together every chance they could. He was Tina's first boyfriend, and first sexual partner. Tina said that in the beginning they had a great relationship, and that he treated her "excellent."

Tina's mother had insisted that she abort the first pregnancy. As a teen mother and high school dropout herself, she wanted at least a high school education for Tina. Tina cried for months after the abortion and continued to see her boyfriend every chance she could. They were careful to use a condom every time they had sex.

Tina became pregnant again several months later. She said they used a condom, but it broke. Although not really wanting to become

pregnant, Tina decided that she wanted this baby; she decided not to tell her mother about the pregnancy until it was too late to get an abortion. However, she miscarried at three months.

Tina's relationship with her boyfriend was fraught with tension. They argued constantly, mostly about his drinking and troubles with the law. He had recently been driving under the influence of alcohol and hit a police car; he was given a jail sentence to be served after his high school graduation. Tina began to mention breaking up with him.

One night after they had sex, he said to her,"I've got you now. You can never leave me." When Tina began to suspect that she was pregnant again, she inferred that he had probably used a defective condom in order to get her pregnant and prevent her from breaking off the relationship.

Tina broke up with him, but at the time of the interview, he was phoning Tina frequently to ask her to go out with him again, and she was saying he had to grow up and quit drinking, because he couldn't "be trusted with the baby." She said, "I still love him, though."

Tina said that although she had not intended to get pregnant, she really wanted this baby and felt fairly happy that her parents were adjusting to the news and being very supportive of her.

Linda

Fourteen year old Linda, two months pregnant, was still adjusting to the news that she was pregnant. "I never thought this would happen to me!" she said.

Linda was a 9th grader at a private Catholic high school on a sports scholarship. She played tennis, golf, and basketball for the school, and was also on the swim team, as well as being an "A" student.

Linda lived with her maternal grandmother and seven year old half-sister; they were the only Whites in an inner-city all-Black neighborhood. Occasionally Linda's mother, a 30 year old bartender, came home to live with them. Linda described her mother as "wild, crazy" and "the less I see of her, the better." Linda said, "I want to make something of my life. I don't want to be no barmaid."

Linda's father lives nearby in the same city, but she has never seen him.

Linda had been dating her boyfriend, a 16 year old popular Black youth who worked part-time at a local restaurant for 5 months, although she had known him "all her life." He had asked her to dance at the local neighborhood center, and they had been dating ever since. He had just broken up with a girlfriend of three years when he started dating Linda.

Linda's mother was aware of the relationship and tried all she could to break them up. Linda said her mother objected to him because he was Black. Linda's mother referred Linda to Children's Services for counseling and foster placement in an attempt to gain more control over Linda, but Linda became pregnant before the foster placement could be arranged.

Linda said she and her boyfriend began having sex almost at once and that they always used condoms. He was not her first boyfriend, nor

was he her first sexual partner. Then he said to her, "I want a kid." Linda agreed to have sex without protection, thinking she would never get pregnant.

Linda had recently told her mother she was pregnant. Her mother reacted by beating her and calling her a "slut." When her grandmother tried to intervene, her mother hit her grandmother, and Linda ran away from home temporarily. Now back at home, Linda's mother and grandmother said they will help her all they can, but they will not discuss the pregnancy; on this issue, communication ranges from silence to violence. They said that when the rest of the family finds out that Linda is pregnant with a biracial baby, they will reject her and the baby.

Linda also has an 18 year old half-sister who has a baby, and her mother dropped out of high school in the 9th grade to have Linda. Linda says she will not drop out of school "like they did," and that she plans to go to medical school.

Melissa

A 14 year old Black 8th grader, Melissa was three months pregnant. Melissa described herself as a fair student and a good listener, and then she said, "There are no good things about me."

Melissa lived with her mother, alcoholic and abusive step-father, and two brothers, one of whom was an infant. She said she felt tired and sleepy a lot and that she liked to play football, but was not able to play any more. She said she often felt angry at herself and angry at being pregnant.

She had been dating her boyfriend, whom she described as "so-so," a 14 year old 7th grader at the same junior high school she attended, for eight months. He lived in her neighborhood, and they saw each other daily at school and at home. Their parents knew each other.

After school every day, Melissa visited at her maternal grandmother's house, where her cousin also lived. She described her cousin as her best friend. Her biological father, also alcoholic and abusive, lived across the street from her grandmother, and Melissa saw him whenever she wanted to. She said the worst thing that ever happened to her was her parents' divorce, even though she hated the abuse.

Melissa said that she and her boyfriend went places together and that he bought her things. She said she liked him better than other boys she knew, because he was more understanding. She said they dated two months before they had sex and that they never discussed birth control, although she knew she might get pregnant.

Initially, her boyfriend wanted her to have an abortion, but accepted Melissa's decision to keep the baby. Her mother was supportive and helped Melissa get a pregnancy test and now does more things with Melissa. Her boyfriend visits her at her house every Friday night.

Melissa's mother will care for Melissa's baby along with her own infant when Melissa goes to school. Melissa plans to finish high school and says that having a baby is the best thing that's ever happened to her. She says that after it is born, she will get more company and things will be "better."

Laurie

Laurie is a 15 year old Black teen, a student at an inner-city all-Black alternative high school for pregnant teens. She is seven months pregnant and a 9th grader, although she says she should be in the 10th grade. She is a former cheerleader.

Laurie lives at home with her parents and a two year old sister. The family lost two infants, one due to miscarriage, and one due to Sudden Infant Death Syndrome. Laurie's father is currently unemployed; she says she has a poor relationship with him and refuses to discuss it, other than to say she talks about him with her social worker.

Laurie's grades are inconsistent and range from A's to F's. She has changed schools many times within the city, because she disliked the teachers ("It's not that they are bad - they're dead!"), but says she likes everything about the alternative school. She hopes to go to college "a little at a time," and hopes to be a pediatrician, child psychologist, or singer.

Laurie had been dating her boyfriend, a 19 year old former drug dealer, 11 months before they had sex. She said she had an argument with her father and she ran away to escape family tension; she went to a girlfriend's house. It was there that she first had sex with her boyfriend. She said that she knew she might get pregnant, but that they never discussed birth control. She thought she became pregnant the first time they had sex.

She said "He was happy--I wasn't!" But she said his continued support has enabled her to adjust and look forward to the baby. She thought about having an abortion but feared it "might mess me up for life."

She thought her mother would "kill her," but says she took the news "just like a regular Mom." She plans to continue to live at home for a few years after the baby is born, because she thinks she is "too young to care for a baby, go to school, and worry about bills, all at the same time"!

Laurie's boyfriend was one of many siblings and was raised by an aunt. His aunt has "stopped" him from drug dealing and is "making" him get a G.E.D., since he dropped out of high school in the 12th grade. She says he is "away on job interviews" for the time being and will be home soon. She has heard from him a few times by phone and has had several letters from him, but she doesn't write back because she doesn't know where he is. She is confident that they will have a life together, because they get along very well and can solve all their problems. Laurie says her boyfriend is good to her; she says, "He's fine! Nothing like my Dad!"

Laurie's parents don't like her boyfriend because of his drug-selling history, and because he had Laurie holding his drug money once. She is uncertain how her father will react when the baby comes home from the hospital, but says that her mother will help her and has given her baby equipment left over from her baby sister.

Laurie said she is looking forward to the responsibility of the baby. When it is born, she plans to be more independent in her thinking than she is now: "I'm not listenin' to nobody"!

Maritza

Nine months pregnant and due in six days, it was hard for Maritza to sit still. Maritza was a 14 year old Black 9th grader, an advanced placement scholarship student at an urban Catholic high school who recently transferred to an alternative school for pregnant teens because the front steps of her high school "were too much for her."

Maritza's family can only be described as an "extended matriarchy"; there are no men anywhere in the family. She was living with her maternal grandmother and an aunt because of tensions at home, but she planned to return to her mother's house when the baby is born. Her mother was pregnant as a teen and was unhappy about Maritza's pregnancy. Maritza also had a 13 year old sister at home.

Maritza's father disappeared about four years ago. She was not close to him even then, since he and her mother never married. She remains in touch with her paternal grandparents. Maritza dated her boyfriend for 18 months before they began to have sex. She said there was too much going on at school and she "just wasn't interested" in sex. However, Maritza said she feared being raped, and so she went to the Family Planning Clinic and got put on the Pill.

At the time Maritza became pregnant, she was experiencing a lot of adversity in her life. Things were "not going well" at school, and she quit basketball because of another girl. Then she had a fight with her sister into which her mother intervened on her sister's behalf. Maritza ran away from home that night to a girlfriend's house (sister of her boyfriend). It was there that Maritza first had sex. She stayed there about a month; she had left her birth control pills at home, and she became pregnant.

Maritza's boyfriend was an 18 year old 12th grader who worked part-time, lived with his father, and had plans for the Job Corps and the Army after high school. She said he was happy about the pregnancy and was buying blue things for the baby. They are not currently dating--he went back to an old girlfriend, and Maritza said they "might be better off as friends," since she can't take the "ups-and-downs" of the relationship. She thought she would rather raise the baby herself. She said he had attended Lamaze classes with her and would be her labor coach.

Maritza said she accepts the pregnancy now, and she would handle a similar situation the same way. She said she wants to attend law school so she can help others. The most special thing about her, she said, is that the harder things become, the more determined she is to succeed.

Lisa

Freckle-faced, blue-eyed, and sandy-haired, Lisa looked like any other adolescent, until she pushed up her sleeves and revealed several tattoos. A 15 year old 9th grader at an alternative school, Lisa lives with her mother, an alcoholic in poor physical health with a history of chronic mental illness.

Lisa has no contact with her biological father subsequent to several incidents of incest by her father and older brother. Lisa

recalled the incidents with obvious pain. Her mother had recently given her a picture of a Holly Hobbie bed which had been Lisa's as a small child, and the photo had triggered recall of the rapes which took place on the Holly Hobbie bed. Her mother was gone at the time of the incidents, but reclaimed Lisa when she discovered what was going on and moved her to the Northeast. When Lisa was reclaimed, she was "filthy, and had lice and ringworm" on her face. Lisa was also raped about two years ago by a family "friend," from whom she caught a sexually transmitted disease.

Lisa said she thought she was bright and could be a good student but that emotional problems from home kept interfering with her concentration in school. Her grades were inconsistent, and she had a history of chronic absenteeism; she said her attendance at the alternative school was much better, though, because for the first time, she really liked to go to school.

She also had a history of major depression, psychiatric inpatient treatment, suicidal ideation and attempts, and drug abuse.

She said she hated to go home because of her mother's alcoholism, but that her mother had stopped drinking; she said she told her mother that she would not let her care for the baby unless she did stop drinking.

Lisa said she was close to her maternal grandmother, who is dying of cancer. Her grandmother lives nearby, and Lisa sees her frequently.

Lisa didn't say much about the father of her baby, other than that they dated for 18 months and broke up right after Lisa got pregnant, but before she knew of the pregnancy. Lisa says she became pregnant right after discontinuing her birth control pills because she thought they were making her sick. She said her boyfriend refused to use a condom, and he told her he had a "low sperm count" and probably couldn't get her pregnant anyway.

At this time, Lisa was still an inpatient in a hospital - school program as a result of attempted suicide with her antidepressant prescription. Shortly after she was discharged, she was "downtown" with some friends, and she saw a man selling his jacket. She liked the jacket and told him she would be back Monday with the money. He called her in the meantime and took her fishing, and they have been going together ever since.

For a while, he lived with her at her mother's, but her mother evicted him because he made some long-distance phone calls without permission. Lisa said he wants to care for her and the baby, and she plans to marry and move out. Both he and her mother will be her labor coaches.

He is 21, has a G.E.D., and works for temporary agencies. She said that she likes some of his family, but that most of them are "A-holes." She describes him as "loving," says that she feels something different with him, and believes that she is really in love. She said that the only problems in the relationship are his drinking and his temper and that she plans to discuss this with him before they are married.

Lisa said that it is important to her to graduate from high school; she hopes her mother will be able to care for the baby. She is happy about the baby and says that now she "has something to live for." She

is also adamant about the fact that this baby is not a mistake. She said her mother called her a mistake, but that her baby was wanted.

In the future she would like to be a carpenter or a housewife--"stay with the baby and watch it grow." When asked what she wants most for the future, she says wistfully, "That I'll be happy."

Patty

Patty was a 15 year old small town girl, a 9th grader who was not quite five months pregnant. She lived with her mother and step-father and had nine step-siblings, one of whom was still at home. Her father lived locally, and she saw him intermittently over the years, but since the news of her pregnancy, he has been calling her often, a change that Patty said she welcomed.

Several of the women in Patty's family have been pregnant at young ages. Her maternal grandmother, mother, aunt, and step-sister were young mothers. Patty sees her maternal grandmother frequently, and she said they are very close. Her grandmother has been especially supportive now that Patty is pregnant.

Patty and her boyfriend, also a 15 year old 9th grader, were in the same classroom for two years. Patty said that she was an inconsistent student with grades ranging from A to F, and her performance depends on how interested she is in the subject at hand. She said she "goofed off" last year, but now both she and her boyfriend are doing better in school. Patty plans to graduate from high school and go to a one year business school to be a secretary just like her mother. An older step-sister plans to care for the baby while Patty goes to school.

Last June, her boyfriend and his family moved to a neighboring town; he and Patty then met infrequently.

Occasionally last summer, his brother picked Patty up in his car and brought her to their house for the afternoon before he went to work. Patty and her boyfriend had the house to themselves while his parents were at work. She said they watched TV and videos and played pool. At some point during the summer, the relationship became sexual; Patty said that there was increased intensity in the relationship due to the infrequency with which they were able to see each other.

Patty said that although she knew about sex, pregnancy, and birth control, she and her boyfriend never discussed the possibility of pregnancy. Patty said that her mother and sisters had openly discussed various matters related to sex, yet she felt unable to tell her mother that she was having sex and needed some form of birth control.

Patty's older step-sister suspected that Patty's relationship had become sexual, and asked Patty if she would like an appointment at a clinic for birth control. By the day of the appointment, Patty was already pregnant. Her step-sister had been pregnant recently and had an abortion, an experience which she shared with Patty then in order to help Patty decide what to do about her pregnancy. Patty decided to keep the baby. She said, "I never thought it would happen to me."

The parents of both Patty and her boyfriend are helping them maintain their relationship and prepare for the baby. Patty said that while they are no longer officially dating, they see each other

frequently. Their parents are helping with transportation and often take them out to eat. Patty said her mother wants her to date other men, and Patty herself said that she feels she is not ready to make a commitment to her boyfriend, although her boyfriend would like to marry her.

Both families have been buying things for the baby, and Patty's step-father, father of 9 children, plans to take his vacation when the baby is born, so Patty will not be alone with the newborn. Patty says, "I think I can make it."

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